



Preferred Drug List (PDL)

Lista de Medicamentos Preferidos (PDL)

Developmentally Disabled Discapacidades de desarrollo

Effective Date/Vigencia: 10/1/20



United
Healthcare
Community Plan



UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the complaint within 60 calendar days of when you found out about it. A decision will be sent to you within 30 calendar days. If you disagree with the decision, you have 15 calendar days to ask us to look at it again.

If you need help with your complaint, please call Member Services at **1-800-348-4058, TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Phone:

Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

Mail:

U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

If you need help with your complaint, please call Member Services at **1-800-348-4058, TTY 711**.

Services to help you communicate with us are provided at no cost to members, such as other languages or large print. Or, you can ask for an interpreter. To ask for help, please call Member Services at **1-800-348-4058, TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII) and the Americans with Disabilities Act of 1990 (ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, UnitedHealthcare Community Plan prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. UnitedHealthcare Community Plan must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means that if necessary, UnitedHealthcare Community Plan must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that UnitedHealthcare Community Plan will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy please contact: UnitedHealthcare Community Plan Member Services at **1-800-348-4058**. Para obtener este documento en otro formato u obtener información adicional sobre esta política, comuníquese con UnitedHealthcare Community Plan.



UnitedHealthcare Community Plan no da un tratamiento diferente a sus miembros en base a su sexo, edad, raza, color, discapacidad u origen nacional.

Si usted piensa que ha sido tratado injustamente por razones como su sexo, edad, raza, color, discapacidad u origen nacional, puede enviar una queja a:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

Usted tiene que enviar la queja dentro de los 60 días de la fecha cuando se enteró de ella. Se le enviará la decisión en un plazo de 30 días. Si no está de acuerdo con la decisión, tiene 15 días para solicitar que la consideremos de nuevo.

Si usted necesita ayuda con su queja, por favor llame al **1-800-348-4058, TTY 711**, de lunes a viernes, de 8:00 a.m. a 5:00 p.m.

Usted también puede presentar una queja con el Departamento de Salud y Servicios Humanos de los Estados Unidos.

Internet:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Formas para las quejas se encuentran disponibles en:

<http://www.hhs.gov/ocr/office/file/index.html>

Teléfono:

Llamada gratuita, **1-800-368-1019, 1-800-537-7697** (TDD)

Correo:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

Si necesita ayuda para presentar su queja, por favor llame a Servicios para Miembros al **1-800-348-4058, TTY 711**.

Se proporcionan servicios para ayudarle a comunicarse con nosotros, tales como otros idiomas o letra grande, sin costo para los miembros. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame a Servicios para Miembros del **1-800-348-4058, TTY 711**, de lunes a viernes, de 8:00 a.m. a 5:00 p.m.

Bajo los Títulos VI y VII de la Ley de Derechos Civiles de 1964 (Título VI y VII) y la Ley de Estadounidenses con Discapacidades de 1990 (ADA), Sección 504 de la Ley de Rehabilitación de 1973 y la Ley de Discriminación por Edad de 1975, UnitedHealthcare Community Plan prohíbe la discriminación en admisiones, programas, servicios, actividades o empleo basados en raza, color, religión, sexo, origen nacional, edad y discapacidad. UnitedHealthcare Community Plan debe hacer un ajuste razonable para permitir que una persona con discapacidad participe en un programa, servicio o actividad. Las ayudas y servicios auxiliares están disponibles a pedido de personas con discapacidades. Por ejemplo, esto significa que, si es necesario, UnitedHealthcare Community Plan debe proporcionar intérpretes de lenguaje de señas para personas sordas, lugares accesibles para sillas de ruedas o materiales impresos ampliados. También significa que UnitedHealthcare Community Plan tomará cualquier otra acción razonable que le permita participar y entender un programa o actividad, incluso realizar cambios razonables en una actividad. Si cree que no podrá entender o participar en un programa o actividad debido a su discapacidad, háganos saber con anticipación sus necesidades de discapacidad, si es posible. Para solicitar este documento en un formato alternativo o para obtener más información sobre esta política, comuníquese con: Servicios para Miembros de UnitedHealthcare Community Plan al **1-800-348-4058**. Para obtener este documento en otro formato, obtenga información adicional sobre esta política, comuníquese con UnitedHealthcare Community Plan.

Introduction

UnitedHealthcare Community Plan is pleased to provide this Preferred Drug List (PDL) to be used when prescribing for patients covered by the pharmacy benefit plan offered by UnitedHealthcare Community Plan. The drugs listed in this PDL are intended to provide sufficient options to treat patients who require treatment with a drug from that pharmacologic or therapeutic class. The drugs listed in the UnitedHealthcare Community Plan PDL have been reviewed and approved by the Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare Community Plan. It is also recognized there may be occasions where an unlisted drug is desired for proper medical management of a specific patient. In those infrequent instances, the unlisted medication may be requested through the prior authorization process.

The drugs represented have been reviewed by the Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The PDL is reflective of current medical practice as of the date of review.

This edition incorporates drugs added to the PDL since the last edition as well as numerous revisions to the prescribing information based on changes in pharmacotherapy. Comments and suggestions from practicing physicians have also been incorporated to ensure that the UnitedHealthcare Community Plan PDL is reflective of current medical practice.

Notice

The information contained in this PDL and its appendices is provided by UnitedHealthcare Community Plan, solely for the convenience of medical providers. UnitedHealthcare Community Plan does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature.

This PDL is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

UnitedHealthcare Community Plan assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the Web sites listed in the Web site section or go to the National Guideline Clearinghouse site at <http://www.guideline.gov>.

Preface

The UnitedHealthcare Community Plan PDL is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state.

Products are listed by generic name. Brand names are included as a reference to assist in product recognition. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the PDL. Generics should be considered the first line of prescribing.

The UnitedHealthcare Community Plan PDL covers selected over-the-counter (OTC) products. You are encouraged to prescribe OTC medications when clinically appropriate.

Pharmacy and Therapeutics (P&T) Committee

The P&T Committee includes physicians and pharmacists who are not employees or agents of UnitedHealthcare Community Plan or its affiliates. They must adhere to the Ethics Policy standards of the P&T Committee. UnitedHealthcare Community Plan medical directors and pharmacists also participate in the P&T Committee. The P&T Committee meets quarterly to discuss a variety of issues. Those issues pertaining to pharmaceutical selection and pharmacy program management are communicated quarterly. This newsletter is distributed to all participating physicians who have received the PDL. PDL decisions are also communicated quarterly on the UnitedHealthcare Community Plan internet site.

Outpatient prescription drug benefit-covered medications

Medically necessary outpatient prescription drugs are covered when prescribed by a provider licensed to prescribe federal legend drugs or medicines. Some items are covered only with prior authorization. Eligibility for Outpatient Prescription Drug Benefits is based on the individual member's benefit plan.

Product selection criteria

The P&T Committee considers clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmaco-economic studies

When a new drug is considered for PDL inclusion, it will be reviewed relative to similar drugs currently included in the UnitedHealthcare Community Plan PDL. This review process may result in deletion of drug(s) in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

All the information in the PDL is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

PDL product descriptions

To assist in understanding which specific strengths and dosage forms are covered on the PDL, examples are noted below. The general principles shown in the examples can then usually be extended to other entries in the book. Any exceptions are noted in the drug list. There may also be a statement associated with a drug list that gives additional information about which specific products or dosage forms are covered.

Products covered include all strengths associated with the dosage form of the cited brand name product.

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

Extended-release and delayed-release products require their own entry.

diltiazem sustained release Cardizem SR

Dosage forms covered will be consistent with the category and use where listed.

Neomycin/polymyxin B/Hydrocortisone Cortisporin

As listed in the OTIC section, this is limited to the otic solution and suspension. From this entry, the ophthalmic solution and ointment, and the topical cream, cannot be assumed to be on the list unless there are entries for these products in the OPHTHALMIC and DERMATOLOGY sections of the PDL.

When a strength or dosage form is specified, only the specified strength and dosage form is on the PDL. Other strengths/dosage forms of the reference product are not.

citalopram 40mg tabs Celexa tabs

Drug tiers

The drugs listed in the PDL have different tiers. The tiers are listed in the grid below.

Tier name	Drug tier
Tier 1	Generic
Tier 2	Brand

Generic substitution

The UnitedHealthcare Community Plan PDL **requires** generic substitution on the majority of products when a generic equivalent is available.

Generic substitution is a pharmacy action whereby a generic equivalent is dispensed rather than the brand name product. The PDL indicates generic availability in the “Covered Drug” column.

If a brand name drug is medically necessary, please submit a prior authorization request.

The UnitedHealthcare Community Plan MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA’s review and approval process.

An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand name product.
2. The FDA has given the generic an “A” rating compared to the branded product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand name product.

There are now many brand name products that are repackaged or distributed under a generic label. The generic label version should always be considered therapeutically equivalent and substitutable for the source branded product.

Drug Efficacy Study Implementation (DESI) drugs

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The DESI program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications, and a determination of “fully

effective” was made for most of these products and they remain in the marketplace. A few DESI products remain classified as “less than fully effective” while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. UnitedHealthcare Community Plan’s PDL does not cover DESI “less than fully effective” drug products.

Plan exclusions

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the UnitedHealthcare Community Plan PDL.

- DESI drugs
- Antiobesity agents
- Experimental / research drugs
- Cosmetic drugs
- Immunization agents
- Nutritional / diet supplements
- Blood and blood plasma products
- Agents used to promote fertility
- Agents used for erectile dysfunction
- Agents used for cosmetic hair growth
- Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program
- Diagnostic products
- Medical supplies and DME except as listed: syringes, needles, lancets, alcohol swabs, spacers, preferred diabetes test strips, peak flow meters (Astech, Assess, Peak Air brands, max two per year), vaporizer (limit of one per three years), humidifier (limit of one per three years)

Days supply dispensing limitations

UnitedHealthcare Community Plan members may receive up to a one month supply of a specific medication per prescription order or prescription refill. A medication may be reordered or refilled when ninety percent (90%) of the medication has been utilized for a controlled substance and eighty-five percent (85%) of the medication has been utilized for a non-controlled substance. If a claim is submitted before 90% of the medication has been used for a controlled substance or submitted before 85% of the medication has been used for a non-controlled substance, based on the original day supply submitted on the claim, the claim will reject with a “refill too soon” message. Please call the UnitedHealthcare Community Plan Pharmacy Department at **800-310-6826** with questions or for help with dosage change authorization.

Mandatory generic substitution

The UnitedHealthcare Community Plan PDL requires mandatory generic substitution on the vast majority of products when a generic equivalent is available; however, brand name drugs may be covered in certain situations by requesting a prior authorization. The UnitedHealthcare Community Plan PDL prior authorization (PA) list does not include branded items where a generic equivalent is covered.

Prior Authorization of non-PDL medications

The drugs in the UnitedHealthcare Community Plan PDL have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare Community Plan. It is also recognized that there may be occasions where an unlisted drug is desired for the proper medical management of a specific patient. In those infrequent instances, the prior authorization process reviews requests for unlisted medications the physician may consider medically necessary for patient management.

Requests for these exceptions should be either made in writing by the physician and faxed or called in to:

**UnitedHealthcare Community Plan
Pharmacy Services Department
Fax 1-866-940-7328
Phone 1-800-310-6826**

A prior authorization request form is available in the UnitedHealthcare Community Plan provider manual and should be used for all prior authorization requests if possible. Appropriate documentation must be provided to support the medical necessity of the non-PDL request. The UnitedHealthcare Pharmacy Department will respond to all requests in accordance with state requirements.

Physicians are requested to adhere to this PDL when prescribing for patients covered by their pharmacy benefit plan offered by UnitedHealthcare Community Plan. If a pharmacist receives a prescription for a non-PDL drug, the pharmacist should contact the prescribing physician and request that the prescription be changed to a medication included in this PDL. If a PDL alternative is not appropriate, the physician should then be instructed to contact the Plan for a prior authorization.

Please contact the UnitedHealthcare Community Plan Pharmacy Prior Notification Service at **1-800-310-6826** with questions concerning the prior authorization process.

Non-PDL drugs five-day temporary supply overrides

To ensure the use of PDL drugs, all non-PDL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a five-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a five day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a five-day supply, however, availability is subject to the benefit design. For assistance, pharmacies may call **1-800-310-6826**.

The pharmacy should contact the physician to discuss a PDL drug or if a prior authorization request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for prior authorization to UnitedHealthcare Community Plan at **1-866-940-7328**.

Quantity Limitations (QL)

Prescriptions for monthly quantities greater than the indicated limit require a prior authorization request.

Quantity Limits based on Efficient Medication Dosing

The Efficient Medication Dosing Program is designed to consolidate medication dosage to the most efficient daily quantity to increase adherence to therapy and also promote the efficient use of health care dollars.

The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily. Quantity Limits in the prescription claims processing system will limit the dispensing to consolidate dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the physician.

Additions to the QL program drug list will be made from time to time and providers notified accordingly. As always, we recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the medical exception (prior authorization) process. Please contact the UnitedHealthcare Community Plan Pharmacy Prior Notification Service at **1-800-310-6826** with questions.

Controlled substances

You may fill any FOUR medications from the following classes in a 30-day period:

- sedative hypnotic agents
- barbiturates
- select muscle relaxants

Additional fills will require prior authorization. Medications in these classes may also be subject to individual quantity limits.

Specialty Pharmaceutical Management Program

UnitedHealthcare Community Plan is continuously looking for ways to provide high-quality cost-effective care for Plan members. The Specialty Pharmaceutical Management Program helps UnitedHealthcare Community Plan to achieve these goals. Injectable medications that are part of this program require plan authorization and are not available through the retail pharmacy network.

To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Community Plan Pharmacy Department via fax at **1-866-940-7328**.

The UnitedHealthcare Pharmacy Department will review and respond to all requests in accordance with state requirements, and if authorized for payment, UnitedHealthcare Community Plan will coordinate the delivery of the product to the member or provider.

Drugs that are part of this program and are on the PDL are identified in this booklet by the designation “SP”.

Prior Authorization request forms can be requested by calling the UnitedHealthcare Community Plan Pharmacy Department at **1-800-310-6826**.

Step Therapy (ST)

The following PDL drugs are routinely covered only after a sufficient trial of an indicated first-line agent has been adequately tried and failed. These medications may also be requested through the Prior authorization process.

While lower cost PDL alternatives may be appropriate in many instances, other non-PDL alternatives are available with prior authorization (PA).

STEP drug	First-Line agent(s)
Advair HFA	(1) 30 day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR) OR (2) 30 day trial of a long acting beta2- agonist (e.g. Arcapta, Striverdi) OR 30 day trial of an orally inhaled anticholinergic agent (e.g. Atrovent, Spiriva).
Aricept 23mg	90-day trial of Aricept 10mg daily.
calcipotriene cream & oint 0.005%	Trial of two medium to high potency corticosteroid topical treatments.
calcitriol 3mcg/gm	Trial of two topical corticosteroids.
Dulera	(1) 30 day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR).
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucrisa	Trial of a topical corticosteroid AND one of the following: Elidel or tacrolimus ointment.
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
Optivar	14 day trial of ketotifen within previous 90 days required first.
Ranexa	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates.
Rozerem	(1) Trial of zolpidem tartrate AND (2) Trial of temazepam.
SGLT-2 Inhibitors (Steglatro, Segluromet)	At least a 90 day trial of 1500mg/day of metformin
Symbicort	(1) 30 day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR) OR (2) 30 day trial of a long acting beta2- agonist (e.g. Arcapta, Striverdi) OR 30 day trial of an orally inhaled anticholinergic agent (e.g. Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).
tacrolimus 0.03%	Minimum age of 2. Trial of one topical corticosteroid.

STEP drug	First-Line agent(s)
tacrolimus 0.1%	Minimum age of 16. Trial of one topical corticosteroid.
tolterodine	30 day trial of oxybutynin immediate or extended release.
Uloric	8-week trial of up to 600mg of allopurinol required first.
Vancocin	One fill of metronidazole tabs or caps.

PDL suggestions

Providers who wish to propose PDL suggestions should forward the information to the UnitedHealthcare Community Plan Director of Pharmacy Services by either mail or fax.

Attn: Director of Pharmacy Services
 UnitedHealthcare Community Plan
 2 Allegheny Center
 Suite 600
 Pittsburgh, PA 15212
 Fax: **1-866-940-7328**

Providers should furnish adequate documentation, such as clinical studies from the medical literature, in order for the request to be considered for PDL addition. This literature should include information documenting clinical necessity as well as therapeutic advantages over current PDL products. Suggestions received by UnitedHealthcare Community Plan will be reviewed by the Pharmacy and Therapeutics Committee at the subsequent P&T Committee meeting.

Editor

Your comments and suggestions regarding the UnitedHealthcare Community Plan PDL are encouraged. Your input is vital to this PDL's continued success. All responses will be reviewed and considered. Please send your comments to:

UnitedHealthcare Community Plan
 2 Allegheny Center
 Suite 600
 Pittsburgh, PA 15212
 Fax: **1-866-940-7328**

Legend

#	Only the dosage forms/strengths of the brand name products noted are on the PDL
OTC	over-the-counter
delayed-rel	delayed-release (also known as enteric coated)
EC	enteric-coated
ext-rel	extended-release (also known as sustained-release)
PA	Prior Authorization required
QL	Quantity Limits apply
ST	Step Therapy, see pages viii - ix for details
SP	Specialty Pharmaceuticals; see page vii for details

Notice

The information contained in this document is proprietary information. The information may not be copied in whole or in part without the written permission of UnitedHealthcare Community Plan. All rights reserved.

The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with UnitedHealthcare Community Plan. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between UnitedHealthcare Community Plan and such third-party pharmaceutical companies.

If viewing this PDL via the Internet, please be advised that the PDL is updated periodically and changes may appear prior to their effective date to allow for notification.

Introducción

UnitedHealthcare Community Plan se complace en ofrecer esta Lista de medicamentos preferidos (Preferred Drug List, PDL) que se utilizará al realizar recetas para los pacientes que tienen cobertura del plan de beneficios de farmacia ofrecido por UnitedHealthcare Community Plan. Los medicamentos incluidos en esta PDL tienen como finalidad ofrecer opciones suficientes para tratar a los pacientes que necesitan tratamiento con un medicamento de dicha clase farmacológica o terapéutica. Los medicamentos incluidos en la PDL de UnitedHealthcare Community Plan han sido revisados y aprobados por el Comité de Farmacia y Terapéutica. Los medicamentos se han seleccionado para ofrecer los medicamentos más apropiados desde el punto de vista clínico y más asequibles para los pacientes que tienen su beneficio de medicamentos administrado a través de UnitedHealthcare Community Plan. También se reconoce que puede haber ocasiones en que un medicamento no incluido en la lista se requiere para el control médico adecuado de un paciente específico. En estas instancias poco frecuentes, los medicamentos que no estén incluidos pueden ser requeridos a través del proceso de autorización previa.

Los medicamentos representados han sido revisados por el Comité de Farmacia y Terapéutica (Pharmacy and Therapeutics, P&T) y están aprobados para su inclusión. La PDL refleja la práctica médica actual desde la fecha de la revisión.

Esta edición incorpora medicamentos agregados a la PDL desde la última edición así como numerosas revisiones para la información de prescripción basada en los cambios en la farmacoterapia. También se han incorporado comentarios y sugerencias de médicos practicantes para garantizar que la PDL de UnitedHealthcare Community Plan refleje la práctica médica actual.

Aviso

La información incluida en esta PDL y sus apéndices es provista por UnitedHealthcare Community Plan, exclusivamente para la comodidad de los proveedores médicos. UnitedHealthcare Community Plan no garantiza ni asegura la precisión de dicha información ni pretende ser integral por naturaleza.

Esta PDL no tiene la finalidad de sustituir el conocimiento, la pericia, las habilidades ni el criterio del proveedor médico en su elección de medicamentos recetados.

UnitedHealthcare Community Plan no asume ninguna responsabilidad por las acciones u omisiones de los proveedores médicos sobre la base de la confianza, total o parcial, de la información incluida aquí. El proveedor médico debe consultar la información del producto del fabricante del medicamento o las referencias estándar para obtener información detallada.

Las pautas nacionales pueden encontrarse en los sitios web que se enumeran en la sección del sitio web, o bien, visite el sitio del Centro de Intercambio de Información de Pautas Nacionales en <http://www.guideline.gov>.

Prólogo

La PDL de UnitedHealthcare Community Plan está organizada por secciones. Cada sección incluye grupos terapéuticos identificados por una clase de medicamento o estado de la enfermedad.

Los productos están enumerados por nombre genérico. Las marcas están incluidas como una referencia para ayudarlo a reconocer el producto. A menos que se incluyan excepciones, por lo general todas las formas de dosificación y concentraciones aplicables del medicamento citado están incluidas en la PDL. Los medicamentos genéricos deben ser considerados como medicamentos recetados de primera línea.

La PDL de UnitedHealthcare Community Plan cubre algunos productos de venta libre (over-the-counter, OTC). Lo alentamos a que recete medicamento OTC cuando sea clínicamente apropiado.

Comité de Farmacia y Terapéutica (P&T)

El Comité de P&T incluye médicos y farmacéuticos que no son empleados ni agentes de UnitedHealthcare Community Plan o sus afiliadas. Deben respetar los estándares de la Política sobre ética del Comité de P&T. Los directores médicos de UnitedHealthcare Community Plan y los farmacéuticos también participan en el Comité de P&T. El Comité de P&T se reúne trimestralmente para analizar diversos temas. Los temas pertinentes a la selección farmacéutica y la administración del programa de farmacia se comunican trimestralmente. Este boletín informativo se distribuye a todos los médicos participantes que hayan recibido la PDL. Las decisiones de PDL también son comunicadas trimestralmente en el sitio de Internet de UnitedHealthcare Community Plan.

Beneficio de medicamentos recetados para pacientes ambulatorios - medicamentos cubiertos

Los medicamentos recetados para pacientes ambulatorios médicamente necesarios están cubiertos cuando son recetados por un proveedor autorizado para recetar medicamentos o fármacos con leyenda federales. Algunos artículos solo se cubren con autorización previa. La elegibilidad para los beneficios de medicamentos recetados para pacientes ambulatorios se basa en el plan de beneficios del miembro individual.

Criterios de selección de productos

El Comité de P&T considera la información clínica en los medicamentos nuevos para el mercado que por lo general se incluyen en el beneficio de farmacia para pacientes ambulatorios. La evaluación incluye todo o parte de lo siguiente:

- Seguridad
 - Eficacia
 - Estudios de comparación
 - Indicaciones aprobadas
 - Efectos adversos
 - Contraindicaciones/Advertencias/
- Precauciones
 - Farmacocinética
 - Administración de pacientes/
consideraciones de cumplimiento
 - Resultados médicos y estudios
farmacoeconómicos

Cuando un medicamento nuevo se considera para su inclusión en la PDL, se revisará en relación a los medicamentos similares que se incluyen actualmente en la PDL de UnitedHealthcare Community Plan. Este proceso de revisión puede derivar en la supresión de medicamentos en una clase terapéutica en particular con el fin de promover continuamente los agentes más económicos y útiles desde el punto de vista clínico.

Toda la información que se incluye en la PDL se proporciona como referencia para la selección de tratamientos con medicamentos. La selección de medicamentos específicos para un paciente individual la realiza exclusivamente el profesional autorizado para recetar medicamentos.

Descripciones de los productos incluidos en la PDL

A fin de brindar ayuda para entender qué concentraciones específicas y formas de dosificación están cubiertas en la PDL, a continuación se incluyen ejemplos: Los principios generales que se muestran en los ejemplos generalmente luego pueden extenderse a otras entradas del libro. Las excepciones se indican en la lista de medicamentos. También puede haber una declaración relacionada con una lista de medicamentos que ofrece información adicional acerca de cuáles son los productos específicos o formas de dosificación que se cubren.

Los productos cubiertos incluyen todas las concentraciones asociadas con la forma de dosificación del producto de marca citado.

carvedilol Coreg

Todas las concentraciones de Coreg estarían cubiertas según esta lista.

Los productos de liberación prolongada y de liberación retardada requieren su propia entrada.

diltiazem de liberación Cardizem SR

Las formas de dosificación cubiertas serán consistentes con la categoría y el uso en los casos que se incluyan en la lista.

Neomicina/polimixina B/Hidro cortisona Cortisporin

Según lo enumerado en la sección de productos ÓTICOS, se limita a la solución y suspensión ótica. En esta entrada, no puede suponerse que la solución oftálmica, el ungüento y la crema tópica estén incluidos en la lista a menos que existan entradas para estos productos en las secciones de productos OFTÁLMICOS y DERMATOLÓGICOS de la PDL.

En los casos en que se especifique la concentración y la forma de dosificación, solo la concentración especificada y la forma de dosificación se encuentran incluidas en la PDL. Otras concentraciones o formas de dosificación del producto de referencia no son.

los comprimidos de citalopram 40mg Celexa tabs

Niveles de drogas

Los medicamentos enumerados en la PDL tienen niveles diferentes. Los niveles se enumeran en la tabla a continuación.

Nombre del nivel	Nivel del medicamento
Nivel 1	Genérico
Nivel 2	De marca

Sustitución por genéricos

La PDL de UnitedHealthcare Community Plan **requiere** la sustitución por genéricos en la mayoría de los productos cuando se encuentra disponible un equivalente del medicamento genérico.

La sustitución por genéricos es una medida que toma la farmacia en los casos en que un equivalente de genérico se dispense en lugar del producto de marca. El PDL indica la disponibilidad de genéricos en la columna de “Medicamentos cubiertos”.

Si un medicamento de marca es médicamente necesario, por favor envíe una solicitud de autorización previa.

La lista del Consejo de Apelaciones de Medicare (Medicare Appeals Council, MAC) de UnitedHealthcare Community Plan establece un precio máximo para el reembolso de ciertos medicamentos recetados de múltiples fuentes. Este precio por lo general cubrirá la adquisición de la mayoría de los medicamentos genéricos pero no las versiones de marca del mismo medicamento. Los productos seleccionados para su inclusión en la lista del MAC son recetados y dispensados comúnmente, y por lo general han pasado por el proceso de revisión y aprobación de la Administración de Alimentos y Medicamentos (FDA).

Una consideración importante para la sustitución por genéricos es el conocimiento de que todas las aprobaciones de medicamentos genéricos por parte de la FDA desde el año 1984, y muchas aprobaciones de medicamentos genéricos antes de este año, demuestran una equivalencia biológica entre las versiones genéricas y el producto de marca de referencia. Para obtener la aprobación de la FDA:

1. El medicamento genérico debe incluir los mismos ingredientes activos y tener la misma concentración y forma de dosificación que el producto de marca.
2. La FDA ha otorgado a los medicamentos genéricos la calificación “A” en comparación con los productos de marca que indican la equivalencia biológica; además, ha determinado que, desde el punto de vista terapéutico, el medicamento genérico es equivalente al medicamento de marca. Las calificaciones de los medicamentos genéricos están disponibles al consultar la referencia de la FDA, Productos farmacéuticos aprobados con evaluaciones de equivalencia terapéutica (Libro naranja)

En los casos en que se cumpla con los dos criterios mencionados, un medicamento genérico puede sustituirse con la total expectativa de que el producto sustituido producirá el mismo efecto clínico y tendrá el mismo perfil de seguridad que el producto recetado. Los productos farmacéuticos que tengan un índice terapéutico estrecho (NTI) también pueden ser guiados por estos principios. No es necesario que el proveedor de atención médica se aproxime a cualquier clase terapéutica de los productos farmacéuticos (por ejemplo, medicamentos con NTI) de forma diferente a la de cualquier otra clase, cuando la FDA ha determinado la equivalencia terapéutica de los productos farmacéuticos en cuestión. Además, no es necesario que los médicos realicen pruebas clínicas o exámenes adicionales cuando un producto farmacológico genérico equivalente desde el punto de vista terapéutico se sustituye por el producto de marca.

Actualmente, hay muchos productos de marca que cuentan con un envase nuevo o son distribuidos con etiquetas de medicamento genérico. La versión con etiqueta de medicamento genérico siempre debe considerarse como un equivalente desde el punto de vista terapéutico y sustituible por el producto de marca original.

Medicamentos del Programa Implementación del Estudio Sobre Eficacia de Medicamentos (DESI)

Los medicamentos que se comercializaron por primera vez entre 1938 y 1962 fueron aprobados por ser seguros pero no requerían demostración de eficacia para la aprobación de la FDA. A partir de 1962, todos los medicamentos nuevos debían ser seguros y eficaces antes de que pudieran ser comercializados. Esta legislación también se aplicó de forma retroactiva a todos los medicamentos aprobados por su seguridad entre los años 1938 y 1962. El programa DESI fue establecido por la FDA para revisar la eficacia de estos medicamentos anteriores a 1962 para las indicaciones de sus etiquetas, y se realizó una determinación de eficacia total para la mayoría de estos productos, y permanecen en el mercado. Unos pocos productos del programa DESI permanecen clasificados como “menos que totalmente eficaces” mientras se espera la disposición administrativa final. Además, muchos productos incluidos como idénticos, similares o relacionados con los productos verdaderos del programa DESI están clasificados como DESI. La PDL de UnitedHealthcare Community Plan no cubre los productos farmacéuticos “menos que totalmente eficaces” de DESI.

Exclusiones del plan

Las siguientes categorías de medicamentos están excluidas de la cobertura conforme al beneficio de farmacia para pacientes ambulatorios y no son parte de la PDL de UnitedHealthcare Community Plan.

- Medicamentos del programa DESI
- Agentes contra la obesidad
- Medicamentos experimentales o en investigación
- Medicamentos usados para fines cosméticos
- Agentes de vacunación
- Suplementos nutricionales/dietéticos
- Productos de sangre o plasma sanguíneo
- Medicamentos usados para promover la fertilidad
- Agentes usados para la disfunción eréctil
- Agentes usados con fines cosméticos para el crecimiento del cabello
- Medicamentos de fabricantes que no participan en el Programa de descuentos en medicamentos de Medicaid de FFS
- Productos de diagnóstico
- Suministros médicos y equipo médico duradero (durable medical equipment, DME) excepto según se menciona: jeringas, agujas, lancetas, toallitas con alcohol, espaciadores, tiras reactivas para medir la glucosa, medidores de flujo máximo (marcas Astech, Assess, Peak Air, máx. dos por año), vaporizador (límite de 1 por cada 3 años), humidificador (límite de 1 por cada 3 años)

Limitaciones en la provisión de suministros de días

Los miembros de UnitedHealthcare Community Plan pueden recibir hasta un suministro de un mes de un medicamento específico por pedido de receta o resurtido de un medicamento recetado. Un medicamento puede volver a pedirse o reponerse cuando se ha utilizado el noventa por ciento (90%) para una sustancia controlada y el ochenta y cinco por ciento (85%) para una sustancia no controlada. Si se presenta una reclamación antes de haberse utilizado el noventa por ciento (90%) para una sustancia controlada u ochenta y cinco por ciento (85%) para una sustancia no controlada, según los días de suministro original presentado en la reclamación, esta será rechazada con un mensaje de “demasiado pronto para una recarga”. Por favor llame al Departamento de Farmacias de UnitedHealthcare Community Plan al **800-310-6826** si tiene preguntas o necesita ayuda con una autorización para cambiar la dosis.

Sustitución por genéricos obligatoria

La PDL de UnitedHealthcare Community Plan PDL requiere de la sustitución por genéricos obligatoria en gran parte de los productos cuando se encuentra disponible un equivalente genérico; no obstante, los medicamentos de marca pueden estar cubiertos en determinadas situaciones al solicitar una autorización previa. La lista de autorización previa (PA) de la PDL de UnitedHealthcare Community Plan no incluye artículos de marca en los casos en que el equivalente genérico está cubierto.

Autorización previa de medicamentos no incluidos en la PDL

Los medicamentos incluidos en la PDL de UnitedHealthcare Community Plan PDL han sido seleccionados para ofrecer los medicamentos más apropiados desde el punto de vista clínico y más asequibles para los pacientes que tienen su beneficio de medicamentos administrado a través de UnitedHealthcare Community Plan. También se reconoce que puede haber ocasiones en que un medicamento no incluido en la lista se requiere para el control médico adecuado de un paciente específico. En estos casos poco frecuentes, el proceso de autorización previa revisa las solicitudes para los medicamentos no incluidos en la lista que el médico puede considerar médicamente necesario para el control del paciente.

El médico debe realizar las solicitudes de estas excepciones por escrito y enviarlas por fax, o bien, debe llamar a:

**UnitedHealthcare Community Plan
Pharmacy Services Department
Fax 1-866-940-7328
Teléfono 1-800-310-6826**

En el manual de proveedores de UnitedHealthcare Community Plan se encuentra disponible un formulario de solicitud de autorización previa y, si es posible, debe utilizarse para todas las solicitudes de autorización previa. La documentación correspondiente debe proporcionarse para respaldar la necesidad médica de la solicitud de medicamentos no incluidos en la PDL. El Servicio de Farmacia de UnitedHealthcare responderá a todas las solicitudes de acuerdo con los requisitos del estado.

Los médicos deben respetar esta PDL al realizar recetas para los pacientes que tienen cobertura mediante su plan de beneficios de farmacia ofrecido por UnitedHealthcare Community Plan. Si un farmacéutico recibe una receta para un medicamento que no está incluido en la PDL, debe comunicarse con el médico que realizó la receta y solicitarle que cambie el medicamento por uno que esté incluido en la PDL. Si una alternativa de la PDL no es adecuada, debe indicarse al médico que se comunique con el plan para solicitar una autorización previa.

Comuníquese con el Servicio de Notificación Previa de Farmacia de UnitedHealthcare Community Plan al **1-800-310-6826** si tiene preguntas relacionadas con el proceso de autorización previa.

Sustituciones de suministros temporales de 5 días de medicamentos que no están incluidos en la PDL

Para garantizar el uso de medicamentos incluidos en la PDL, debe consultar al médico que realiza la receta acerca de todos los medicamentos que no están incluidos en la PDL. **Si no puede hablar con el médico de inmediato y necesita el medicamento de forma urgente, el sistema de procesamiento de reclamaciones aceptará una sustitución para permitir una provisión por única vez de un suministro de 5 días del medicamento recientemente recetado que no está incluido en la PDL.** La farmacia debe enviar una reclamación para un suministro de 5 días, con el

tipo 8 de PA y el número de autorización previa “00000000120”. Tenga en cuenta que los medicamentos no preferidos están disponibles para un suministro de 5 días, no obstante, la disponibilidad está sujeta al esquema de beneficios. Para obtener ayuda, las farmacias pueden llamar al **1-800-310-6826**.

La farmacia debe comunicarse con el médico para analizar el medicamento de la PDL o si se justifica la solicitud de una autorización previa. Si el médico que realiza la receta considera que un medicamento es medicamento necesario, el médico puede enviar por fax una solicitud de autorización previa a UnitedHealthcare Community Plan al **1-866-940-7328**.

Limitaciones de Cantidad (QL)

Las recetas para cantidades mensuales que superen el límite indicado requieren de una solicitud de autorización previa.

Límites de cantidad basados en la dosificación de medicamentos eficaces

El Programa de dosificación de medicamentos eficaces está diseñado para consolidar la dosificación del medicamento a la cantidad diaria más eficaz, para aumentar el seguimiento del tratamiento y también promover el uso eficaz del dinero invertido en la atención médica.

Los límites del programa se establecen conforme a la aprobación de la FDA en cuanto a la dosificación y la disponibilidad de la dosis diaria total con la menor cantidad de comprimidos o cápsulas diarias. Los límites de cantidad en el sistema de procesamiento de reclamaciones de recetas limitará la provisión para consolidar la dosificación. El sistema de procesamiento de reclamaciones de farmacia indicará al farmacéutico que solicite un nuevo pedido de receta del médico.

Las adiciones a la lista de medicamentos del programa de nivel de cantidad (QL) se realizarán de vez en cuando y se notificará a los proveedores al respecto. Como siempre, reconocemos que deben tenerse en cuenta diversas variables específicas del paciente cuando se indica un tratamiento con medicamentos y, por consiguiente, las sustituciones estarán disponibles a través del proceso de excepción médica (PA). Comuníquese con el Servicio de Notificación Previa de Farmacia de UnitedHealthcare Community Plan al **1-800-310-6826** si tiene preguntas.

Sustancias controladas

Puede surtirse con cualquiera de los CUATRO medicamentos de las siguientes clases en un período de 30 días:

- agentes sedantes hipnóticos
- barbitúricos
- algunos relajantes musculares

Los surtidos adicionales requieren de autorización previa. Los medicamentos de estas clases también pueden estar sujetos a los límites de cantidad individuales.

Programa de administración de productos farmacéuticos especiales

UnitedHealthcare Community Plan busca continuamente formas de ofrecer una atención asequible de alta calidad para los miembros del plan. El Programa de administración de productos farmacéuticos especiales ayuda a UnitedHealthcare Community Plan a lograr estos objetivos. Los medicamentos inyectables que forman parte de este programa requieren de la autorización del plan y no están disponibles a través de la red de farmacias minoristas.

Para obtener la autorización, el proveedor debe enviar por fax el formulario de autorización previa correspondiente al Departamento de Farmacia de UnitedHealthcare Community Plan al **1-866-940-7328**.

El Servicio de Farmacia de UnitedHealthcare revisará y responderá a todas las solicitudes de acuerdo con los requisitos del estado, y si se autoriza el pago, UnitedHealthcare Community Plan coordinará la entrega del producto al miembro o proveedor.

Los medicamentos que forman parte de este programa y están incluidos en la PDL están identificados en este folleto mediante la designación “SP”.

Los formularios de solicitud de autorización previa pueden solicitarse llamando al Departamento de Farmacia de UnitedHealthcare Community Plan al 1-800-310-6826.

Terapia Escalonada (Step Therapy, ST)

Los siguientes medicamentos de la PDL se cubren rutinariamente solo después de un estudio suficiente de un agente de primera línea indicado que se haya estudiado adecuadamente y se haya desaprobado. Estos medicamentos también pueden solicitarse a través del proceso de autorización previa.

Si bien las alternativas de menor costo que se incluyen en la PDL pueden ser apropiadas en muchos casos, otras alternativas que no se incluyen en la PDL se encuentran disponibles con autorización previa (prior authorization, PA).

Medicamento para TERAPIA ESCALONADA	Agentes de primera línea
Advair HFA	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo Asmanex Twisthaler, Flovent HFA, QVAR) O (2) un estudio de 30 días de un agonista beta2 de acción prolongada (por ejemplo Arcapta, Striverdi) O un estudio de 30 días de un agente anticolinérgico inhalado por vía oral (por ejemplo, Atrovent, Spiriva).
Aricept 23mg	Estudio de 90 días de Aricept de 10 mg diario.
calcipotriene crema y ungüento 0.005%	Estudio de dos tratamientos tópicos con corticosteroides de potencia media a alta.

Medicamento para TERAPIA ESCALONADA	Agentes de primera línea
calcitriol 3mcg/gm	Estudio de dos corticosteroides tópicos.
Dulera	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo Asmanex Twisthaler, Flovent HFA, QVAR).
Elidel	Edad mínima de 2 años. Estudio de un corticosteroide tópico.
Eucrisa	Estudio de un corticosteroide tópico Y uno de los siguientes: Elidel o ungüento de tacrolimus.
fenofibrato	Surtido de una estatina o 90 días de Gemfibrozil dentro de los 180 días previos.
Optivar	Se requiere primero un estudio de 14 días de ketotifen dentro de los 90 días anteriores.
Ranexa	Estudio de un medicamento de las siguientes categorías: bloqueadores beta, antagonistas del calcio, nitratos de acción prolongada.
Rozerem	(1) Estudio de zolpidem tartrate Y (2) Estudio de temazepam.
Inhibidores SGLT-2 (Steglatro, Segluromet)	Estudio de por lo menos 90 días de Metformina de 1500mg/diario
Symbicort	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo Asmanex Twisthaler, Flovent HFA, QVAR) O (2) un estudio de 30 días de un agonista beta2 de acción prolongada (por ejemplo Arcapta, Striverdi) O un estudio de 30 días de un agente anticolinérgico inhalado por vía oral (por ejemplo, Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).
tacrolimus 0.03%	Edad mínima de 2 años. Prueba de un corticosteroide tópico.
tacrolimus 0.1%	Edad mínima de 16 años. Prueba de un corticosteroide tópico.
tolterodine	Estudio de 30 días de oxibutinina de liberación inmediata o extendida.
Uloric	Primero se requiere un estudio de 8 semanas de hasta 600 mg de alopurinol.
Vancocin	Un surtido de comprimidos o cápsulas de metronidazol.

Sugerencias sobre la PDL

Los proveedores que deseen hacer sugerencias sobre la PDL deben enviar la información por correo o fax al Director de Servicios de Farmacia de UnitedHealthcare Community Plan.

Attn: Director of Pharmacy Services
UnitedHealthcare Community Plan
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **1-866-940-7328**

Los proveedores deben proporcionar la documentación adecuada, como los estudios clínicos de la literatura médica, para que la solicitud sea considerada para la inclusión en la PDL. Esta literatura debe incluir información que documente la necesidad clínica así como las ventajas terapéuticas por sobre los productos actuales incluidos en la PDL. Las sugerencias recibidas por UnitedHealthcare Community Plan serán revisadas por el Comité de Farmacia y Terapéutica en la reunión subsiguiente del comité.

Editor

Se alienta a que realice sus comentarios y sugerencias relacionados con la PDL de UnitedHealthcare Community Plan. Su comentario es muy importante para el éxito continuo de la PDL. Todas las respuestas serán revisadas y tomadas en cuenta. Envíe sus comentarios a:

UnitedHealthcare Community Plan
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **1-866-940-7328**

Leyenda

#	Solo las concentraciones o formas de dosificación de los productos de marca indicados están incluidas en la PDL.
OTC	de venta libre
delayed-rel	liberación ret liberación retardada (también conocido como recubrimiento entérico)
EC	recubrimiento entérico
ext-rel	liberación prolongada (también conocida como liberación sostenida)
PA	Autorización previa requerida
QL	Se aplican límites de cantidad
ST	Terapia escalonada, ver páginas xviii - xx para obtener detalles
SP	Productos farmacéuticos especiales, ver página xvii para obtener detalles

Aviso

La información incluida en este documento es privada. La información no puede ser copiada total o parcialmente sin el permiso escrito de UnitedHealthcare Community Plan. Todos los derechos reservados.

Los nombres de los medicamentos incluidos aquí son marcas comerciales registradas y no registradas de compañías farmacéuticas de terceros no relacionadas ni afiliadas a UnitedHealthcare Community Plan. Estas marcas comerciales registradas se incluyen aquí con fines informativos solamente y no tienen la finalidad de denotar ni sugerir afiliación entre Evercare y dichas compañías farmacéuticas de terceros.

Si ve esta PDL por Internet, tenga en cuenta que la misma se actualiza periódicamente y es posible que se incluyan cambios antes de la fecha de vigencia para permitir su notificación.



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Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
Analgesics - Miscellaneous Analgesics	
<p>7T GUMMY ES - Tier 2</p> <p>8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</p> <p>acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL</p> <p>acetaminophen childrens - Tier 1; QL</p> <p>acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL</p> <p>acetaminophen extra strength (generic for PANADOL EXTRA STRENGTH) - Tier 1; QL</p> <p>acetaminophen oral solution - Tier 1; QL</p> <p>acetaminophen oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL</p> <p>acetaminophen oral tablet (generic for TYLENOL) - Tier 1; QL</p> <p>acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL</p> <p>acetaminophen rectal (generic for FEVERALL CHILDRENS) - Tier 1; QL</p> <p>apap oral elixir 160 mg/5ml (generic for MEDI-TABS CHILDRENS) - Tier 1; QL</p> <p>auropfen childrens (generic for PANADOL CHILDRENS) - Tier 1; QL</p> <p>butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL</p> <p>butalbital-apap-caffeine oral tablet (generic for ESGIC) - Tier 1; QL</p> <p>butalbital-aspirin-caffeine (generic for FIORINAL) - Tier 1; QL</p> <p>capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - Tier 1; QL</p> <p>childrens acetaminophen oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL</p> <p>childrens acetaminophen oral tablet dispersible - Tier 1</p> <p>childrens apap (generic for CHILDRENS MEDI-TABS) - Tier 1; QL</p> <p>childrens non-aspirin oral tablet chewable (generic for CHILDRENS MEDI-TABS) - Tier 1; QL</p> <p>cvs acetaminophen ex st oral tablet (generic for PANADOL EXTRA STRENGTH) - Tier 1; QL</p> <p>DERMACINRX PENETRAL (brand for sure result sr relief) - Tier 2; QL</p>	

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Preferred Agents	Non-Preferred Agents
<p>goodsense pain relief oral tablet (generic for TYLENOL) - Tier 1; QL headache relief (generic for BAYER MIGRAINE) - Tier 1 liquid acetaminophen (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL migraine relief (generic for BAYER MIGRAINE) - Tier 1 m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL pain & fever childrens oral suspension (generic for PANADOL CHILDRENS) - Tier 1; QL pain & fever infants (generic for PANADOL CHILDRENS) - Tier 1; QL pain relief childrens oral elixir (generic for MEDI-TABS CHILDRENS) - Tier 1; QL pain relief extra strength (generic for PANADOL EXTRA STRENGTH) - Tier 1; QL pain relief oral liquid (generic for CHLORASEPTIC SORE THROAT) - Tier 1 pain relief regular strength (generic for TYLENOL) - Tier 1; QL PANADOL CHILDRENS (brand for betatemp childrens) - Tier 2; QL PANADOL EXTRA STRENGTH (brand for cvs pain relief extra strength) - Tier 2; QL PANADOL INFANTS (brand for betatemp childrens) - Tier 2; QL ra acetaminophen rapid melts oral tablet dispersible 160 mg - Tier 1 tencon (generic for TENCON) - Tier 1; QL TYLENOL 8 HOUR (brand for sb arthritis pain relief) - Tier 2; QL TYLENOL EXTRA STRENGTH (brand for cvs pain relief extra strength) - Tier 2; QL TYLENOL INFANTS PAIN+FEVER (brand for betatemp childrens) - Tier 2; QL TYLENOL ORAL TABLET (brand for aminofen) - Tier 2; QL</p>	
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs	
<p>adult aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL ADVIL (brand for ibu-200) - Tier 2; QL ADVIL JUNIOR STRENGTH (brand for sm ibuprofen jr) - Tier 2; QL</p>	

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Preferred Agents**Non-Preferred Agents**

ADVIL LIQUI-GELS MINIS (brand for ra ibuprofen) - Tier 2; QL
ADVIL MIGRAINE (brand for ra ibuprofen) - Tier 2; QL
ALEVE ORAL TABLET (brand for kls naproxen sodium) - Tier 2; QL
aspirin adult (generic for BAYER ASPIRIN) - Tier 1; QL
aspirin adult low strength oral tablet delayed release (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL
aspirin ec low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
aspirin ec low strength (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL
aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
aspirin oral tablet (generic for BAYER ASPIRIN) - Tier 1; QL
aspirin oral tablet delayed release (generic for BAYER ASPIRIN) - Tier 1; QL
aspirin rectal - Tier 1
BAYER ASPIRIN (brand for qc aspirin) - Tier 2; QL
BAYER ASPIRIN EC LOW DOSE (brand for aspirin ec) - Tier 2; QL
celecoxib oral (generic for CELEBREX) - Tier 1; PA; QL
diclofenac potassium - Tier 1; QL
diclofenac sodium er - Tier 1; QL
diclofenac sodium oral - Tier 1; QL
diclofenac sodium transdermal gel 1 % (generic for VOLTAREN) - Tier 1; PA; QL
diflunisal oral - Tier 1; QL
ec-naproxen - Tier 1; QL
etodolac - Tier 1; QL
fenoprofen calcium oral capsule 400 mg (generic for NALFON) - Tier 1
fenoprofen calcium oral tablet (generic for NALFON) - Tier 1; QL
flurbiprofen oral - Tier 1; QL
gnp aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL

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Preferred Agents

goodsense aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
ibu (generic for IBU) - Tier 1; QL
ibuprofen infants (generic for MOTRIN INFANTS DROPS) - Tier 1; QL
ibuprofen oral capsule (generic for ADVIL) - Tier 1; QL
ibuprofen oral suspension (generic for CHILDRENS ADVIL) - Tier 1; QL
ibuprofen oral tablet (generic for ADVIL) - Tier 1; QL
INDOCIN - Tier 2; QL
indomethacin er - Tier 1; QL
indomethacin oral capsule 25 mg, 50 mg - Tier 1; QL
ketoprofen er - Tier 1; QL
ketoprofen oral - Tier 1; QL
ketorolac tromethamine oral - Tier 1; QL
ketorolac tromethamine solution 30 mg/ml injection - Tier 1; QL
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION - Tier 2; QL
meloxicam oral (generic for MOBIC) - Tier 1; QL
MOTRIN IB ORAL CAPSULE (brand for ra ibuprofen) - Tier 2; QL
MOTRIN INFANTS DROPS (brand for infants ibuprofen) - Tier 2; QL
nabumetone oral (generic for RELAFEN) - Tier 1; QL
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG - Tier 2
naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL
naproxen oral (generic for NAPROSYN) - Tier 1; QL
naproxen sodium er (generic for NAPRELAN) - Tier 1
naproxen sodium oral tablet - Tier 1; QL
oxaprozin (generic for DAYPRO) - Tier 1; QL
piroxicam oral (generic for FELDENE) - Tier 1; QL
qc aspirin low dose oral tablet delayed release (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
REXAPHENAC - Tier 2; QL
salsalate oral - Tier 1; QL
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (brand for aspirin ec) - Tier 2; QL
sulindac oral - Tier 1; QL
tri-buffered aspirin (generic for BUFFERIN) - Tier 1

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
ZORVOLEX - Tier 2	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	
fentanyl transdermal patch 72 hour 100 mcg/hr (generic for DURAGESIC-100) - Tier 1; PA; QL fentanyl transdermal patch 72 hour 12 mcg/hr (generic for DURAGESIC-12) - Tier 1; PA; QL fentanyl transdermal patch 72 hour 25 mcg/hr (generic for DURAGESIC-25) - Tier 1; PA; QL fentanyl transdermal patch 72 hour 50 mcg/hr (generic for DURAGESIC-50) - Tier 1; PA; QL fentanyl transdermal patch 72 hour 75 mcg/hr (generic for DURAGESIC-75) - Tier 1; PA; QL morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL XTAMPZA ER - Tier 2; PA; QL	HYSINGLA ER - Tier 2; PA; QL NUCYNTA ER - Tier 2; PA; QL OXYCONTIN (brand for oxycodone hcl er) - Tier 2; PA; QL ZOHYDRO ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL
Opioid Analgesics, Short-acting - Opioid Pain Relievers	
acetaminophen-codeine - Tier 1; QL acetaminophen-codeine #2 - Tier 1; QL acetaminophen-codeine #3 - Tier 1; QL acetaminophen-codeine #4 - Tier 1; QL ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL butorphanol tartrate nasal - Tier 1; QL codeine sulfate oral tablet 30 mg, 60 mg - Tier 1; QL endocet (generic for ENDOCET) - Tier 1; QL fentanyl citrate (pf) - Tier 1; QL hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL hydrocodone-acetaminophen oral tablet 10-325 mg (generic for LORCET HD) - Tier 1; QL	apap-caff-dihydrocodeine oral capsule (generic for TREZIX) - Tier 1; PA; QL KADIAN (brand for morphine sulfate er) - Tier 2; PA; QL TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>hydrocodone-acetaminophen oral tablet 5-325 mg (generic for LORCET) - Tier 1; QL</p> <p>hydrocodone-acetaminophen oral tablet 7.5-325 mg (generic for NORCO) - Tier 1; QL</p> <p>hydrocodone-ibuprofen - Tier 1; QL</p> <p>hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL</p> <p>hydromorphone hcl rectal - Tier 1; QL</p> <p>lorcet (generic for LORCET) - Tier 1; QL</p> <p>lorcet hd (generic for LORCET HD) - Tier 1; QL</p> <p>meperidine hcl oral tablet - Tier 1; QL</p> <p>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml - Tier 1; QL</p> <p>morphine sulfate oral - Tier 1; QL</p> <p>morphine sulfate rectal - Tier 1; QL</p> <p>OXAYDO - Tier 2; QL</p> <p>oxycodone hcl oral capsule - Tier 1; QL</p> <p>oxycodone hcl oral concentrate 100 mg/5ml - Tier 1; QL</p> <p>oxycodone hcl oral solution - Tier 1; QL</p> <p>oxycodone hcl oral tablet - Tier 1; QL</p> <p>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</p> <p>oxycodone-aspirin - Tier 1; QL</p> <p>pentazocine-naloxone hcl - Tier 1; QL</p> <p>PRIMLEV - Tier 2; QL</p> <p>PROLATE - Tier 2; QL</p> <p>tramadol hcl er oral tablet extended release 24 hour - Tier 1; PA; QL</p> <p>tramadol hcl ir (generic for ULTRAM) - Tier 1; QL</p>	
Anesthetics - Drugs for Numbing	
Local Anesthetics	
<p>7T LIDO - Tier 2; QL</p> <p>AGONEAZE - Tier 2; QL</p> <p>ANODYNE LPT - Tier 2; QL</p> <p>blue tube/ aloe (generic for ANECREAM) - Tier 1; QL</p> <p>COCAINE HCL NASAL - Tier 2; QL</p>	

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Preferred Agents	Non-Preferred Agents
<p>DERMACINRX EMPRICAINE (brand for lidopril) - Tier 2; QL DERMACINRX PRIZOPAK (brand for lidopril) - Tier 2; QL GOPRELTO - Tier 2; QL LIDO BDK (brand for lidopril) - Tier 2; QL lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; QL lidocaine external ointment - Tier 1; PA; QL lidocaine external patch 5 % (generic for LIDODERM) - Tier 1; DX2RX; QL lidocaine hcl external cream 3 % - Tier 1; QL lidocaine hcl urethral/mucosal - Tier 1; QL lidocaine viscous hcl - Tier 1; QL lidocaine-prilocaine - Tier 1; QL lidopin external cream 3 % - Tier 1; QL LIDOPRIL - Tier 2; QL LIDOPRIL XR - Tier 2; QL LIDO-PRILO CAINE PACK (brand for lidopril) - Tier 2; QL LIVIXIL PAK (brand for lidopril) - Tier 2; QL NUMBRINO (brand for goprelto) - Tier 2; QL NUVAKAAN (brand for lidopril) - Tier 2; QL premium lidocaine - Tier 1; PA; QL PRILOLID - Tier 2; QL PRILOVIX - Tier 2; QL PRILOVIX LITE - Tier 2; QL PRILOVIX LITE PLUS - Tier 2; QL PRILOVIX PLUS - Tier 2; QL prilovix ultralite (generic for DERMACINRX EMPRICAINE) - Tier 1; QL prilovix ultralite plus (generic for DERMACINRX EMPRICAINE) - Tier 1; QL RELADOR PAK (brand for lidopril) - Tier 2; QL RELADOR PAK PLUS (brand for lidopril) - Tier 2; QL VEXATROL - Tier 2; QL</p>	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
Alcohol Deterrents/Anti-craving - Antidotes/Deterrents/Protectants	

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Preferred Agents	Non-Preferred Agents
acamprosate calcium - Tier 1; QL disulfiram oral tablet 250 mg (generic for ANTABUSE) - Tier 1; QL disulfiram oral tablet 500 mg (generic for ANTABUSE) - Tier 1 naltrexone hcl oral - Tier 1 VIVITROL - Tier 2; QL	
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
buprenorphine hcl sublingual - Tier 1; DX2RX; QL buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; QL SUBLOCADE - Tier 2; QL SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; QL	BUNAVAIL - Tier 2; PA; QL ZUBSOLV - Tier 2; PA; QL
Opioid Reversal Agents - Antidotes/Deterrents/Protectants	
naloxone hcl injection solution - Tier 1; QL naloxone hcl injection solution cartridge - Tier 1; QL naloxone hcl injection solution prefilled syringe - Tier 1; QL NARCAN - Tier 2; QL	EVZIO (brand for naloxone hcl) - Tier 2; PA; QL
Smoking Cessation Agents - Deterrents	
bupropion hcl er (smoking det) - Tier 1; QL; AL CHANTIX - Tier 2; QL; AL CHANTIX CONTINUING MONTH PAK - Tier 2; QL; AL CHANTIX STARTING MONTH PAK - Tier 2; QL; AL NICORETTE MOUTH/THROAT GUM 2 MG (brand for ra nicotine) - Tier 2; QL; AL nicotine polacrilex mouth/throat (generic for NICORETTE) - Tier 1; QL; AL nicotine step 1 (generic for NICODERM CQ) - Tier 1; QL; AL nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL; AL nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL; AL NICOTROL - Tier 2; QL; AL NICOTROL NS - Tier 2; QL; AL	

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Preferred Agents	Non-Preferred Agents
Antibacterials - Drugs to Treat Bacterial Infections	
Aminoglycosides - Antibiotics	
amikacin sulfate injection solution 500 mg/2ml - Tier 1; QL ARIKAYCE - Tier 2; SP; QL gentamicin sulfate external - Tier 1; QL neomycin sulfate oral - Tier 1; QL paromomycin sulfate oral - Tier 1; QL streptomycin sulfate intramuscular - Tier 1; QL ZEMDRI - Tier 2; QL	
Antibacterials, Other - Antibiotics	
AEMCOLO - Tier 2; QL bacitracin external (generic for BACIGUENT) - Tier 1; QL bacitracin zinc external - Tier 1; QL chloramphenicol sod succinate - Tier 1; QL CLEOCIN VAGINAL SUPPOSITORY - Tier 2; QL clindamycin hcl oral (generic for CLEOCIN) - Tier 1; QL clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL colistimethate sodium (cba) (generic for COLY-MYCIN M) - Tier 1; QL daptomycin (generic for CUBICIN) - Tier 1; QL FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML - Tier 2; DX2RX; QL FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL (brand for vancomycin hcl) - Tier 2; PA; QL FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL (brand for vancomycin hcl) - Tier 2; DX2RX; QL lincomycin hcl injection (generic for LINCOCIN) - Tier 1; QL linezolid in sodium chloride - Tier 1; QL linezolid intravenous (generic for ZYVOX) - Tier 1; QL linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; PA; QL linezolid oral tablet (generic for ZYVOX) - Tier 1; PA methenamine hippurate (generic for HIPREX) - Tier 1; QL	CLINDESSE - Tier 2; PA; QL FLAGYL (brand for metronidazole) - Tier 2; PA; QL METROGEL (brand for metronidazole) - Tier 2; PA NORITATE - Tier 2; PA VANCOCIN (brand for vancomycin hcl) - Tier 2; PA; ST; QL

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Preferred Agents

metronidazole external (generic for ROSADAN) - Tier 1
metronidazole oral (generic for FLAGYL) - Tier 1; QL
metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL
mupirocin calcium - Tier 1; QL
mupirocin external (generic for CENTANY) - Tier 1; QL
NEOSPORIN ORIGINAL EXTERNAL OINTMENT (brand for sb triple antibiotic) - Tier 2; QL
nitrofurantoin - Tier 1; QL; AL
nitrofurantoin macrocrystal oral (generic for MACRODANTIN) - Tier 1; QL
nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL
polymyxin b sulfate injection - Tier 1; QL
POLYSPORIN (brand for cvs poly bacitracin) - Tier 2
PRIMSOL - Tier 2; QL
rosadan external cream (generic for ROSADAN) - Tier 1
rosadan external gel (generic for ROSADAN) - Tier 1
SCRUB CARE POVIDONE-IODINE (brand for gnp povidone-iodine) - Tier 2
SIVEXTRO - Tier 2; QL
tigecycline (generic for TYGACIL) - Tier 1; QL
tinidazole oral tablet 250 mg - Tier 1
tinidazole oral tablet 500 mg - Tier 1; QL
trimethoprim oral - Tier 1; QL
triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-% - Tier 1; QL
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/10ML, 1250 MG/12.5ML, 1500 MG/15ML, 1750 MG/17.5ML, 2000 MG/20ML, 750 MG/7.5ML - Tier 2; QL
vancomycin hcl intravenous solution 1000 mg/200ml, 1500 mg/300ml, 2000 mg/400ml - Tier 1; QL
vancomycin hcl intravenous solution 500 mg/100ml - Tier 1
vancomycin hcl oral capsule (generic for VANCOCIN HCL) - Tier 1; ST; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
vancomycin hcl oral solution reconstituted (generic for FIRVANQ) - Tier 1; PA; QL VANCOMYCIN+SYRSPEND SF - Tier 2 vandazole (generic for VANDAZOLE) - Tier 1; QL XENLETA - Tier 2; QL ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML - Tier 2; QL	
Beta-Lactam, Cephalosporins - Antibiotics	
cefaclor - Tier 1; QL cefaclor er - Tier 1; QL cefadroxil - Tier 1; QL ceftazidime sodium injection solution reconstituted 1 gm, 10 gm - Tier 1; QL ceftazidime sodium-dextrose intravenous solution 2-4 gm/100ml-% - Tier 1; QL cefdinir - Tier 1; QL cefditoren pivoxil oral tablet 200 mg - Tier 1; QL cefditoren pivoxil oral tablet 400 mg - Tier 1 cefepime hcl injection solution reconstituted 2 gm - Tier 1; QL cefixime (generic for SUPRAX) - Tier 1; QL cefotaxime sodium - Tier 1; QL cefotetan disodium (generic for CEFOTAN) - Tier 1; QL cefoxitin sodium injection - Tier 1; QL cefpodoxime proxetil - Tier 1; QL cefprozil - Tier 1; QL ceftazidime injection (generic for TAZICEF) - Tier 1; QL ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg - Tier 1; QL cefuroxime axetil - Tier 1; QL cephalixin oral capsule 250 mg, 500 mg (generic for KEFLEX) - Tier 1; QL cephalixin oral capsule 750 mg (generic for KEFLEX) - Tier 1 cephalixin oral suspension reconstituted - Tier 1; QL cephalixin oral tablet 250 mg - Tier 1 cephalixin oral tablet 500 mg - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
<p>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML - Tier 2</p> <p>SUPRAX ORAL TABLET CHEWABLE - Tier 2</p> <p>tazicef injection (generic for TAZICEF) - Tier 1; QL</p> <p>tazicef intravenous solution reconstituted 1 gm - Tier 1; QL</p> <p>TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 600 MG - Tier 2; QL</p>	
Beta-Lactam, Other - Antibiotics	
<p>ertapenem sodium (generic for INVANZ) - Tier 1; QL</p> <p>imipenem-cilastatin intravenous solution reconstituted 250 mg - Tier 1; QL</p> <p>meropenem intravenous solution reconstituted 500 mg (generic for MERREM) - Tier 1; QL</p> <p>MEROPENEM-SODIUM CHLORIDE - Tier 2; QL</p>	
Beta-Lactam, Penicillins - Antibiotics	
<p>amoxicillin - Tier 1; QL</p> <p>amoxicillin-potassium clavulanate er - Tier 1; QL</p> <p>amoxicillin-potassium clavulanate oral (generic for AUGMENTIN) - Tier 1; QL</p> <p>ampicillin - Tier 1; QL</p> <p>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm (generic for UNASYN) - Tier 1; QL</p> <p>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML - Tier 2; QL</p> <p>BICILLIN L-A - Tier 2; QL</p> <p>dicloxacillin sodium - Tier 1; QL</p> <p>FETROJA - Tier 2</p> <p>nafcillin sodium injection solution reconstituted 1 gm - Tier 1; QL</p> <p>nafcillin sodium intravenous solution reconstituted 10 gm - Tier 1; QL</p> <p>oxacillin sodium injection solution reconstituted 1 gm - Tier 1; QL</p> <p>penicillin g potassium injection solution reconstituted 5000000 unit (generic for PFIZERPEN) - Tier 1; QL</p>	

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Preferred Agents	Non-Preferred Agents
penicillin g procaine - Tier 1; QL penicillin g sodium - Tier 1; QL penicillin v potassium - Tier 1; QL piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm - Tier 1; QL RECARBRIO - Tier 2	
Macrolides - Antibiotics	
azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL azithromycin oral tablet - Tier 1; QL clarithromycin er - Tier 1; QL clarithromycin oral - Tier 1; QL DIFICID - Tier 2; PA; QL E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL E.E.S. GRANULES (brand for erythromycin ethylsuccinate) - Tier 2; QL ERYPED 200 (brand for erythromycin ethylsuccinate) - Tier 2; QL ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; QL erythromycin base - Tier 1; QL erythromycin ethylsuccinate oral (generic for E.E.S. GRANULES) - Tier 1; QL erythromycin oral (generic for ERY-TAB) - Tier 1; QL	
Quinolones - Antibiotics	
BAXDELA - Tier 2; QL CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL ciprofloxacin hcl oral - Tier 1; QL levofloxacin oral (generic for LEVAQUIN) - Tier 1; QL moxifloxacin hcl in nacl - Tier 1; QL moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL moxifloxacin hcl oral - Tier 1; QL ofloxacin oral - Tier 1; QL	MOXEZA (brand for moxifloxacin hcl (2x day)) - Tier 2; PA; QL VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL XEPI - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Sulfonamides - Antibiotics	
<p>silver sulfadiazine external (generic for SSD) - Tier 1; QL ssd (generic for SSD) - Tier 1; QL sulfacetamide sodium ophthalmic (generic for BLEPH-10) - Tier 1; QL sulfadiazine oral - Tier 1; QL sulfamethoxazole-trimethoprim oral (generic for BACTRIM) - Tier 1; QL sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</p>	
Tetracyclines - Antibiotics	
<p>avidoxy - Tier 1; QL AVIDOXY DK - Tier 2 BENZODOX - Tier 2; QL coremino (generic for COREMINO) - Tier 1 demeclocycline hcl - Tier 1; PA; QL DORYX MPC - Tier 2 doxy 100 (generic for DOXY 100) - Tier 1; QL doxycycline hyclate intravenous (generic for DOXY 100) - Tier 1; QL doxycycline hyclate oral capsule (generic for MORGIDOX) - Tier 1; QL doxycycline hyclate oral tablet 100 mg - Tier 1; QL doxycycline hyclate oral tablet 150 mg, 75 mg (generic for ACTICLATE) - Tier 1; QL doxycycline hyclate oral tablet 20 mg - Tier 1 doxycycline hyclate oral tablet 50 mg (generic for TARGADOX) - Tier 1 doxycycline hyclate oral tablet delayed release 100 mg - Tier 1; QL doxycycline hyclate oral tablet delayed release 150 mg, 75 mg - Tier 1 doxycycline hyclate oral tablet delayed release 200 mg, 50 mg (generic for DORYX) - Tier 1; QL doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL doxycycline monohydrate oral capsule 150 mg - Tier 1 doxycycline monohydrate oral capsule 50 mg - Tier 1; QL doxycycline monohydrate oral capsule 75 mg (generic for MONDOXYNE NL) - Tier 1 doxycycline monohydrate oral suspension reconstituted (generic for VIBRAMYCIN) - Tier 1</p>	<p>ORACEA (brand for doxycycline) - Tier 2; PA SOLODYN (brand for minocycline hcl er) - Tier 2; PA</p>

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Preferred Agents	Non-Preferred Agents
<p>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg - Tier 1; QL doxycycline monohydrate oral tablet 150 mg - Tier 1 MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR - Tier 2; QL minocycline hcl er oral tablet extended release 24 hour (generic for COREMINO) - Tier 1 minocycline hcl oral capsule 100 mg (generic for MINOCIN) - Tier 1; QL minocycline hcl oral capsule 50 mg - Tier 1; QL minocycline hcl oral capsule 75 mg - Tier 1 minocycline hcl oral tablet 100 mg - Tier 1; QL minocycline hcl oral tablet 50 mg, 75 mg - Tier 1 MINOLIRA - Tier 2; QL mondoxyne nl oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL mondoxyne nl oral capsule 75 mg (generic for MONDOXYNE NL) - Tier 1 MORGIDOX COMBINATION - Tier 2 morgidox oral (generic for MORGIDOX) - Tier 1; QL NUTRIDOX - Tier 2 NUZYRA ORAL - Tier 2; QL SEYSARA - Tier 2; QL tetracycline hcl oral - Tier 1; QL VIBRAMYCIN ORAL SYRUP - Tier 2 XIMINO (brand for minocycline hcl er) - Tier 2; QL</p>	
Anticonvulsants - Drugs to Treat Seizures	
Anticonvulsants, Other - Seizure Control Drugs	
<p>levetiracetam er (generic for ROWEEPRA XR) - Tier 1; QL levetiracetam oral (generic for KEPPRA) - Tier 1; QL NAYZILAM - Tier 2; PA; QL phenobarbital oral tablet - Tier 1; QL roweepra (generic for ROWEEPRA) - Tier 1; QL roweepra xr (generic for ROWEEPRA XR) - Tier 1; QL</p>	

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Preferred Agents	Non-Preferred Agents
Calcium Channel Modifying Agents - Seizure Control Drugs	
CELONTIN - Tier 2; QL ethosuximide oral (generic for ZARONTIN) - Tier 1; QL zonisamide oral (generic for ZONEGRAN) - Tier 1; QL	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	
clobazam (generic for ONFI) - Tier 1; DX2RX; QL DIASTAT ACUDIAL (brand for diazepam) - Tier 2; QL DIASTAT PEDIATRIC (brand for diazepam) - Tier 2; QL diazepam rectal (generic for DIASTAT PEDIATRIC) - Tier 1; QL gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; QL gabapentin oral tablet (generic for NEURONTIN) - Tier 1; QL phenobarbital oral elixir - Tier 1; QL phenobarbital oral solution - Tier 1; QL primidone oral (generic for MYSOLINE) - Tier 1; QL tiagabine hcl (generic for GABITRIL) - Tier 1; PA; QL; AL valproic acid oral - Tier 1; QL vigabatrin oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL vigadrone (generic for VIGADRONE) - Tier 1; PA; SP; QL	SYMPAZAN - Tier 2; PA; QL VALTOCO 10 MG DOSE - Tier 2; PA; QL VALTOCO 15 MG DOSE - Tier 2; PA; QL VALTOCO 20 MG DOSE - Tier 2; PA; QL VALTOCO 5 MG DOSE - Tier 2; PA; QL
Glutamate Reducing Agents - Seizure Control Drugs	
felbamate (generic for FELBATOL) - Tier 1; QL LAMICTAL ODT ORAL KIT (brand for lamotrigine) - Tier 2; QL LAMICTAL XR ORAL KIT - Tier 2; QL lamotrigine er (generic for LAMICTAL XR) - Tier 1; QL lamotrigine oral (generic for SUBVENITE) - Tier 1; QL lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
<p>lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL</p> <p>subvenite (generic for SUBVENITE) - Tier 1; QL</p> <p>subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL</p> <p>subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL</p> <p>subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL</p> <p>topiramate oral (generic for TOPAMAX) - Tier 1; QL</p>	
Sodium Channel Agents - Seizure Control Drugs	
<p>BANZEL - Tier 2; DX2RX; QL</p> <p>carbamazepine er (generic for CARBATROL) - Tier 1; QL</p> <p>carbamazepine oral - Tier 1; QL</p> <p>DILANTIN ORAL CAPSULE 30 MG - Tier 2; QL</p> <p>epitol (generic for EPITOL) - Tier 1; QL</p> <p>oxcarbazepine (generic for TRILEPTAL) - Tier 1; QL</p> <p>phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL</p> <p>phenytoin oral suspension 125 mg/5ml (generic for DILANTIN) - Tier 1; QL</p> <p>phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL</p> <p>phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL</p> <p>TEGRETOL ORAL SUSPENSION (brand for carbamazepine) - Tier 2; QL</p> <p>TRILEPTAL ORAL SUSPENSION (brand for oxcarbazepine) - Tier 2; QL</p> <p>VIMPAT ORAL - Tier 2; PA; QL; AL</p>	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia	
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	

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Preferred Agents	Non-Preferred Agents
<p>donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; QL; AL</p> <p>donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; QL</p> <p>galantamine hydrobromide er (generic for RAZADYNE ER) - Tier 1; PA; QL</p> <p>galantamine hydrobromide oral solution - Tier 1; QL; AL</p> <p>galantamine hydrobromide oral tablet (generic for RAZADYNE) - Tier 1; QL</p> <p>rivastigmine (generic for EXELON) - Tier 1; QL</p> <p>rivastigmine tartrate - Tier 1; QL</p>	
<p>N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs</p>	
<p>memantine hcl oral solution 2 mg/ml - Tier 1; QL</p> <p>memantine hcl oral tablet (generic for NAMENDA) - Tier 1; QL; AL</p>	
<p>Antidepressants - Drugs to Treat Depression</p>	
<p>Antidepressants, Other - Antidepressants</p>	
<p>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL; AL</p> <p>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL; AL</p> <p>bupropion hcl oral - Tier 1; QL; AL</p> <p>mirtazapine oral (generic for REMERON) - Tier 1; QL; AL</p> <p>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1; AL</p> <p>perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; QL; AL</p>	
<p>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</p>	
<p>citalopram hydrobromide oral solution - Tier 1; QL; AL</p> <p>citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL; AL</p>	<p>FETZIMA - Tier 2; PA; QL</p> <p>PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL; AL</p> <p>TRINTELLIX - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p>escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL; AL fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL; AL fluoxetine hcl oral solution - Tier 1; QL; AL fluvoxamine maleate - Tier 1; QL; AL maprotiline hcl - Tier 1; QL; AL paroxetine hcl (generic for PAXIL) - Tier 1; QL; AL sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL; AL sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL; AL trazodone hcl oral - Tier 1; QL; AL venlafaxine hcl - Tier 1; QL; AL venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL; AL</p>	<p>VIIBRYD - Tier 2; PA; QL</p>
Tricyclics - Antidepressants	
<p>amitriptyline hcl oral - Tier 1; QL; AL amoxapine - Tier 1; QL; AL clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL; AL desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL; AL doxepin hcl oral capsule - Tier 1; QL; AL doxepin hcl oral concentrate - Tier 1; QL; AL imipramine hcl oral - Tier 1; QL; AL imipramine pamoate - Tier 1; QL; AL nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL; AL protriptyline hcl - Tier 1; QL; AL trimipramine maleate oral - Tier 1; QL; AL</p>	
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
<p>compro (generic for COMPRO) - Tier 1; QL cvs motion sickness (generic for DRAMAMINE) - Tier 1 goodsense motion sickness (generic for DRAMAMINE) - Tier 1 meclizine hcl oral tablet - Tier 1; QL metoclopramide hcl oral solution - Tier 1; QL motion sickness relief (generic for DRAMAMINE) - Tier 1</p>	

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Preferred Agents	Non-Preferred Agents
perphenazine oral - Tier 1; *, QL; AL prochlorperazine (generic for COMPRO) - Tier 1; QL travel sickness oral tablet chewable (generic for BONINE) - Tier 1 trimethobenzamide hcl oral (generic for TIGAN) - Tier 1; QL	
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	
ANZEMET - Tier 2; PA; QL aprepitant (generic for EMEND) - Tier 1; QL dronabinol (generic for MARINOL) - Tier 1; PA; QL granisetron hcl oral - Tier 1; QL ondansetron hcl oral tablet (generic for ZOFRAN) - Tier 1; QL ondansetron odt - Tier 1; QL VARUBI (180 MG DOSE) - Tier 2; QL	AKYNZEO ORAL - Tier 2; PA; QL EMEND ORAL CAPSULE 80 MG (brand for aprepitant) - Tier 2; PA; QL EMEND ORAL SUSPENSION RECONSTITUTED - Tier 2; PA; QL
Antifungals - Drugs to Treat Fungal Infections	
Antifungals - Fungal Infection Drugs	
athletes foot external cream (generic for LAMISIL AT) - Tier 1; QL BIO-STATIN ORAL CAPSULE - Tier 2 ciclodan (generic for CICLODAN) - Tier 1; QL ciclopirox external solution (generic for CICLODAN) - Tier 1; QL ciclopirox olamine external (generic for LOPROX) - Tier 1; QL clotrimazole external (generic for DESENEX) - Tier 1; QL clotrimazole mouth/throat - Tier 1; QL clotrimazole vaginal (generic for GYNE-LOTRIMIN) - Tier 1; QL cvs clotrimazole 3 (generic for GYNE-LOTRIMIN 3) - Tier 1 fluconazole oral (generic for DIFLUCAN) - Tier 1; QL griseofulvin microsize oral - Tier 1; QL griseofulvin ultramicrosize - Tier 1; QL itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL ketoconazole external cream - Tier 1; QL ketoconazole external shampoo - Tier 1; QL ketoconazole oral - Tier 1; QL micaderm (generic for CARRINGTON ANTIFUNGAL) - Tier 1 miconazole 1 (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL	DIFLUCAN (brand for fluconazole) - Tier 2; PA; QL GYNAZOLE-1 - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
<p>miconazole 3 vaginal suppository - Tier 1; QL miconazole 7 vaginal suppository - Tier 1 miconazole nitrate external (generic for CARRINGTON ANTIFUNGAL) - Tier 1 NATACYN - Tier 2 nyamyc (generic for NYAMYC) - Tier 1; QL nystatin external - Tier 1; QL nystatin mouth/throat - Tier 1; QL nystatin oral - Tier 1; QL nystop (generic for NYAMYC) - Tier 1; QL podactin external cream (generic for CARRINGTON ANTIFUNGAL) - Tier 1 terbinafine hcl oral (generic for LAMISIL) - Tier 1; QL terconazole vaginal cream - Tier 1; QL tolnaftate antifungal (generic for TINACTIN) - Tier 1; QL voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL XOLEGEL COREPAK - Tier 2 XOLEGEL DUO/HEAD & SHOULDERS - Tier 2 XOLEGEL DUO/XOLEX - Tier 2</p>	
Antigout Agents - Drugs to Treat Gout	
Antigout Agents - Gout Drugs	
<p>allopurinol oral (generic for ZYLOPRIM) - Tier 1; QL colchicine oral tablet (generic for COLCRYS) - Tier 1; PA; QL COLCRYS (brand for colchicine) - Tier 2; PA; QL febuxostat (generic for ULORIC) - Tier 1; ST; QL MITIGARE (brand for colchicine) - Tier 2; QL probenecid - Tier 1; QL</p>	<p>COLCHICINE ORAL CAPSULE - Tier 2; PA; QL</p>
Antimigraine Agents - Drugs to Treat Migraines	
Ergot Alkaloids - Migraine Drugs	
<p>dihydroergotamine mesylate injection (generic for D.H.E. 45) - Tier 1; QL</p>	

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Preferred Agents	Non-Preferred Agents
ergotamine-caffeine (generic for CAFERGOT) - Tier 1; QL MIGERGOT - Tier 2; QL	
Prophylactic - Migraine Drugs	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL	AIMOVIG - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL
Serotonin (5-HT) 1b/1d Receptor Agonists - Migraine Drugs	
IMITREX NASAL (brand for sumatriptan) - Tier 2; QL naratriptan hcl (generic for AMERGE) - Tier 1; QL rizatriptan benzoate - Tier 1; QL sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL sumatriptan succinate subcutaneous (generic for IMITREX) - Tier 1; QL zolmitriptan oral (generic for ZOMIG) - Tier 1; QL ZOMIG NASAL - Tier 2; QL	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis	
Parasympathomimetics - Myasthenia Gravis Drugs	
pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL	
Antimycobacterials - Drugs to Treat Infections	
Antimycobacterials, Other - Miscellaneous Anti-Infectives	
dapsons oral - Tier 1; QL rifabutin (generic for MYCOBUTIN) - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
Antituberculars - Tuberculosis Drugs	
cycloserine oral - Tier 1; QL ethambutol hcl oral tablet 100 mg - Tier 1 ethambutol hcl oral tablet 400 mg (generic for MYAMBUTOL) - Tier 1; QL isoniazid oral - Tier 1; QL PASER - Tier 2; QL PRIFTIN - Tier 2; QL pyrazinamide oral - Tier 1; QL rifampin oral (generic for RIFADIN) - Tier 1; QL SIRTURO - Tier 2; QL TRECATOR - Tier 2; QL	
Antineoplastics - Drugs to Treat Cancer	
Alkylating Agents - Chemotherapy Agents	
cyclophosphamide oral - Tier 1 GLEOSTINE - Tier 2 LEUKERAN - Tier 2 MATULANE - Tier 2; SP; QL temozolomide (generic for TEMODAR) - Tier 1; PA; SP; QL	
Antiandrogens - Hormone Suppressants	
abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL bicalutamide (generic for CASODEX) - Tier 1; QL ERLEADA - Tier 2; PA; SP; QL flutamide - Tier 1; QL NUBEQA - Tier 2; PA; SP; QL	XTANDI - Tier 2; PA; SP; QL YONSA - Tier 2; PA; SP; QL ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL
Antiestrogens/Modifiers - Chemotherapy Agents	
tamoxifen citrate oral - Tier 1; QL toremifene citrate (generic for FARESTON) - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
Antimetabolites - Chemotherapy Agents	
capecitabine (generic for XELODA) - Tier 1; SP; QL DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL hydroxyurea oral (generic for HYDREA) - Tier 1; QL mercaptopurine oral - Tier 1; QL TABLOID - Tier 2	XELODA (brand for capecitabine) - Tier 2; PA; SP; QL
Antineoplastics, Other - Chemotherapy Agents	
leucovorin calcium oral tablet 10 mg - Tier 1 leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL LONSURF - Tier 2; PA; SP; QL PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL ROZLYTREK - Tier 2; PA; SP; QL VERZENIO - Tier 2; PA; SP; QL	KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL - Tier 2; PA; QL KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL - Tier 2; PA; QL KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL - Tier 2; PA; SP; QL
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	
anastrozole oral (generic for ARIMIDEX) - Tier 1; QL exemestane (generic for AROMASIN) - Tier 1; QL letrozole oral (generic for FEMARA) - Tier 1; QL	
Enzyme Inhibitors - Chemotherapy Agents	
BALVERSA - Tier 2; PA; SP; QL etoposide oral - Tier 1 HYCAMTIN ORAL - Tier 2; PA; SP; QL RUBRACA - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL	

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Preferred Agents	Non-Preferred Agents
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<p>Molecular Target Inhibitors - Chemotherapy Agents</p> <p>AFINITOR DISPERZ - Tier 2; PA; SP; QL</p> <p>AFINITOR ORAL TABLET 10 MG - Tier 2; PA; SP; QL</p> <p>ALECENSA - Tier 2; PA; SP; QL</p> <p>ALUNBRIG - Tier 2; PA; SP; QL</p> <p>BRUKINSA - Tier 2; PA; SP; QL</p> <p>CABOMETYX - Tier 2; PA; SP; QL</p> <p>CAPRELSA - Tier 2; PA; SP; QL</p> <p>COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>COTELLIC - Tier 2; PA; SP; QL</p> <p>DAURISMO - Tier 2; PA; SP; QL</p> <p>ERIVEDGE - Tier 2; PA; SP; QL</p> <p>erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL</p> <p>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL</p> <p>GILOTRIF - Tier 2; PA; SP; QL</p> <p>IBRANCE - Tier 2; PA; SP; QL</p> <p>INLYTA - Tier 2; PA; SP; QL</p> <p>IRESSA - Tier 2; PA; SP; QL</p> <p>LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>LYNPARZA - Tier 2; PA; SP; QL</p> <p>MEKINIST - Tier 2; PA; SP; QL</p> <p>NEXAVAR - Tier 2; PA; SP; QL</p> <p>ODOMZO - Tier 2; PA; SP; QL</p> <p>STIVARGA - Tier 2; PA; SP; QL</p> <p>SUTENT - Tier 2; PA; SP; QL</p> <p>TAFINLAR - Tier 2; PA; SP; QL</p>	
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Preferred Agents	Non-Preferred Agents
TURALIO - Tier 2; PA; SP; QL TYKERB - Tier 2; PA; SP; QL VITRAKVI ORAL CAPSULE 100 MG - Tier 2; PA; SP; QL VITRAKVI ORAL SOLUTION - Tier 2; PA; SP; QL VOTRIENT - Tier 2; PA; SP; QL XALKORI - Tier 2; PA; SP; QL ZELBORAF - Tier 2; PA; SP; QL ZYKADIA - Tier 2; PA; SP; QL	
Retinoids - Chemotherapy Agents	
bexarotene (generic for TARGRETIN) - Tier 1; PA; SP; QL PANRETIN - Tier 2; PA TARGRETIN EXTERNAL - Tier 2; PA; SP; QL tretinoin oral - Tier 1; SP; QL; AL	
Treatment Adjuncts - Supportive Chemotherapy Drugs	
MESNEX ORAL - Tier 2; SP; QL	
Antiparasitics - Drugs to Treat Parasitic Infections	
Anthelmintics - Worm Infection Drugs	
albendazole oral (generic for ALBENZA) - Tier 1; DX2RX; QL ivermectin oral (generic for STROMEKTOL) - Tier 1; QL praziquantel oral (generic for BILTRICIDE) - Tier 1; QL SKLICE - Tier 2; PA; QL	
Antiprotozoals - Protozoal Infection Drugs	
ALINIA ORAL SUSPENSION RECONSTITUTED - Tier 2; QL; AL ALINIA ORAL TABLET - Tier 2; DX2RX; QL ARAKODA - Tier 2; QL atovaquone oral (generic for MEPRON) - Tier 1; PA; QL atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL BENZNIDAZOLE - Tier 2; DX2RX; QL	

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Preferred Agents	Non-Preferred Agents
chloroquine phosphate oral - Tier 1; QL COARTEM - Tier 2 hydroxychloroquine sulfate oral (generic for PLAQUENIL) - Tier 1; QL IMPAVIDO - Tier 2; PA; QL KRINTAFEL - Tier 2; QL mefloquine hcl - Tier 1; QL pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1 pentamidine isethionate injection (generic for PENTAM) - Tier 1; QL primaquine phosphate - Tier 1 pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL PYRIMETHAMINE-LEUCOVORIN - Tier 2; QL quinine sulfate oral (generic for QUALAQUIN) - Tier 1	
Pediculicides/Scabicides - Scabies and Lice Drugs	
crotan - Tier 1; QL lice killing (generic for LICIDE) - Tier 1 lice treatment external liquid (generic for NIX CREME RINSE) - Tier 1 malathion (generic for OVIDE) - Tier 1; QL permethrin external (generic for ELIMITE) - Tier 1; QL spinosad (generic for NATROBA) - Tier 1; PA; QL	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
Anticholinergics - Parkinson's Disease Drugs	
benztropine mesylate oral - Tier 1; QL trihexyphenidyl hcl - Tier 1; QL	
Antiparkinson Agents, Other - Parkinson's Disease Drugs	
amantadine hcl oral - Tier 1; QL entacapone (generic for COMTAN) - Tier 1; QL tolcapone (generic for TASMAR) - Tier 1; QL	
Dopamine Agonists - Parkinson's Disease Drugs	

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Preferred Agents	Non-Preferred Agents
bromocriptine mesylate oral (generic for PARLODEL) - Tier 1; QL pramipexole dihydrochloride (generic for MIRAPEX) - Tier 1; QL pramipexole dihydrochloride er (generic for MIRAPEX ER) - Tier 1; QL ropinirole hcl - Tier 1; QL ropinirole hcl er - Tier 1; QL	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	
carbidopa-levodopa er - Tier 1; QL carbidopa-levodopa oral tablet (generic for SINEMET) - Tier 1; QL	
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	
selegiline hcl oral - Tier 1; QL	
Antipsychotics - Drugs to Treat Mood Disorders	
1st Generation/Typical - Mood Disorder Drugs	
chlorpromazine hcl oral - Tier 1; *, QL; AL fluphenazine decanoate injection - Tier 1; *, QL; AL fluphenazine hcl injection - Tier 1; AL fluphenazine hcl oral concentrate - Tier 1; *, AL fluphenazine hcl oral elixir - Tier 1; *, AL fluphenazine hcl oral tablet 1 mg - Tier 1; *, AL fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg - Tier 1; *, QL; AL haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; *, QL; AL haloperidol lactate oral - Tier 1; *, QL; AL haloperidol oral - Tier 1; *, QL; AL loxapine succinate - Tier 1; *, QL; AL pimozide - Tier 1; QL; AL prochlorperazine maleate oral - Tier 1; QL thioridazine hcl oral - Tier 1; *, QL; AL	

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Preferred Agents	Non-Preferred Agents
thiothixene - Tier 1; *, QL; AL trifluoperazine hcl - Tier 1; *, QL; AL	
2nd Generation/Atypical - Mood Disorder Drugs	
ABILIFY MAINTENA - Tier 2; *, QL; AL aripiprazole oral tablet (generic for ABILIFY) - Tier 1; *, QL; AL ARISTADA - Tier 2; *, QL; AL ARISTADA INITIO - Tier 2; *, QL; AL INVEGA SUSTENNA - Tier 2; *, QL; AL INVEGA TRINZA - Tier 2; *, QL; AL LATUDA - Tier 2; *, QL; AL olanzapine oral (generic for ZYPREXA) - Tier 1; *, QL; AL quetiapine fumarate (generic for SEROQUEL) - Tier 1; *, QL; AL RISPERDAL CONSTA - Tier 2; *, QL; AL risperidone (generic for RISPERDAL) - Tier 1; *, QL; AL ziprasidone hcl (generic for GEODON) - Tier 1; *, QL; AL	ABILIFY (brand for aripiprazole) - Tier 2; PA; *, QL; AL aripiprazole oral solution - Tier 1; PA; *, QL; AL aripiprazole oral tablet dispersible - Tier 1; PA; *, QL; AL FANAPT - Tier 2; PA; QL; AL GEODON ORAL (brand for ziprasidone hcl) - Tier 2; PA; *, QL; AL INVEGA (brand for paliperidone er) - Tier 2; PA; QL; AL paliperidone er (generic for INVEGA) - Tier 1; PA; QL; AL PERSERIS - Tier 2; PA; QL; AL quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; PA; QL; AL REXULTI - Tier 2; PA; QL; AL RISPERDAL (brand for risperidone) - Tier 2; PA; *, QL; AL SAPHRIS - Tier 2; PA; *, QL; AL SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; *, QL; AL SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL VRAYLAR - Tier 2; PA; QL ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; *, QL; AL ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; PA; *, QL; AL
Treatment-Resistant - Mood Disorder Drugs	
clozapine (generic for CLOZARIL) - Tier 1; *, QL; AL	CLOZARIL (brand for clozapine) - Tier 2; PA; *, QL; AL
Antivirals - Drugs to Treat Viral Infections	
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	
valganciclovir hcl oral solution reconstituted (generic for VALCYTE) - Tier 1; PA valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	
adefovir dipivoxil (generic for HEPSERA) - Tier 1; PA; SP; QL BARACLUDE ORAL SOLUTION - Tier 2; PA; SP; QL entecavir (generic for BARACLUDE) - Tier 1; PA; SP; QL EPIVIR HBV ORAL SOLUTION - Tier 2; SP; QL lamivudine oral tablet 100 mg (generic for EPIVIR HBV) - Tier 1; SP; QL	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	
MAVYRET - Tier 2; PA; SP; QL SOFOSBUVIR-VELPATASVIR - Tier 2; SP; QL	EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL LEDIPASVIR-SOFOSBUVIR - Tier 2; PA; SP; QL SOVALDI - Tier 2; PA; SP; QL VIEKIRA PAK - Tier 2; PA; SP; QL VOSEVI - Tier 2; PA; SP; QL ZEPATIER - Tier 2; PA; SP; QL
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs	
INTRON A - Tier 2; PA; SP; QL PEGASYS - Tier 2; PA; SP; QL PEGASYS PROCLICK - Tier 2; PA; SP; QL PEGINTRON - Tier 2; PA; SP; QL ribavirin oral - Tier 1; PA; QL	
Antitherpetic Agents - Herpes Drugs	
acyclovir external (generic for ZOVIRAX) - Tier 1; QL acyclovir oral - Tier 1; QL docosanol external (generic for ABREVA) - Tier 1; QL famciclovir oral - Tier 1; PA; QL SITAVIG - Tier 2 trifluridine - Tier 1; QL valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	
DOVATO - Tier 2; QL GENVOYA - Tier 2; QL ISENTRESS HD - Tier 2; QL ISENTRESS ORAL PACKET - Tier 2 ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL STRIBILD - Tier 2; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL TRIUMEQ - Tier 2; QL TYBOST - Tier 2; QL	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	
ATRIPLA - Tier 2; QL COMPLERA - Tier 2; QL DELSTRIGO - Tier 2; QL EDURANT - Tier 2; QL efavirenz (generic for SUSTIVA) - Tier 1; QL INTELENCE ORAL TABLET 100 MG, 200 MG - Tier 2 INTELENCE ORAL TABLET 25 MG - Tier 2; QL JULUCA - Tier 2; QL nevirapine (generic for VIRAMUNE) - Tier 1; QL nevirapine er - Tier 1; QL ODEFSEY - Tier 2; QL SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; QL SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; QL VIRAMUNE ORAL SUSPENSION (brand for nevirapine) - Tier 2; QL	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	

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Preferred Agents	Non-Preferred Agents
<p>abacavir sulfate (generic for ZIAGEN) - Tier 1; QL abacavir sulfate-lamivudine (generic for EPZICOM) - Tier 1; QL abacavir-lamivudine-zidovudine (generic for TRIZIVIR) - Tier 1; QL BIKTARVY - Tier 2; QL DESCOVY - Tier 2; QL didanosine - Tier 1; QL EMTRIVA (brand for emtricitabine) - Tier 2; QL lamivudine oral solution (generic for EPIVIR) - Tier 1; QL lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; QL lamivudine-zidovudine (generic for COMBIVIR) - Tier 1; QL stavudine - Tier 1; QL TEMIXYS - Tier 2; QL tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL TRUVADA - Tier 2; QL VIREAD ORAL POWDER - Tier 2; QL VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; QL zidovudine - Tier 1; QL</p>	<p>CIMDUO - Tier 2; PA; QL</p>
<p>Anti-HIV Agents, Other - HIV Drugs</p>	
<p>FUZEON - Tier 2; QL SELZENTRY - Tier 2; QL</p>	
<p>Anti-HIV Agents, Protease Inhibitors - HIV Drugs</p>	
<p>APTIVUS - Tier 2; QL atazanavir sulfate (generic for REYATAZ) - Tier 1; QL CRIXIVAN - Tier 2; QL EVOTAZ - Tier 2; QL fosamprenavir calcium (generic for LEXIVA) - Tier 1; QL INVIRASE - Tier 2 KALETRA ORAL TABLET - Tier 2; QL LEXIVA ORAL SUSPENSION - Tier 2 lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL NORVIR ORAL PACKET - Tier 2; QL NORVIR ORAL SOLUTION - Tier 2; QL</p>	<p>KALETRA ORAL SOLUTION (brand for lopinavir-ritonavir) - Tier 2; PA; QL REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; PA; QL SYMTUZA - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
PREZCOBIX - Tier 2; QL PREZISTA - Tier 2; QL REYATAZ ORAL PACKET - Tier 2; QL ritonavir (generic for NORVIR) - Tier 1; QL VIRACEPT - Tier 2; QL	
Anti-Influenza Agents - Flu Drugs	
oseltamivir phosphate oral (generic for TAMIFLU) - Tier 1; QL RELENZA DISKHALER - Tier 2; QL rimantadine hcl - Tier 1; QL TAMIFLU (brand for oseltamivir phosphate) - Tier 2; QL XOFLUZA (40 MG DOSE) - Tier 2; QL XOFLUZA (80 MG DOSE) - Tier 2; QL	
Anxiolytics - Drugs to Treat Anxiety	
Anxiolytics, Other - Anxiety Drugs	
buspirone hcl oral - Tier 1; QL; AL hydroxyzine hcl oral - Tier 1; QL	
Benzodiazepines - Anxiety Drugs	
alprazolam er (generic for XANAX XR) - Tier 1; QL; AL alprazolam intensol - Tier 1; QL; AL alprazolam oral (generic for XANAX) - Tier 1; QL; AL alprazolam xr (generic for XANAX XR) - Tier 1; QL; AL chlordiazepoxide hcl - Tier 1; QL; AL clonazepam oral (generic for KLONOPIN) - Tier 1; QL; AL clorazepate dipotassium - Tier 1; QL; AL diazepam intensol (generic for DIAZEPAM INTENSOL) - Tier 1; QL; AL diazepam oral (generic for VALIUM) - Tier 1; QL; AL lorazepam injection solution 2 mg/ml (generic for ATIVAN) - Tier 1; QL lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1; QL; AL	

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Preferred Agents	Non-Preferred Agents
lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1; QL; AL lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL; AL oxazepam - Tier 1; QL; AL temazepam oral capsule 22.5 mg (generic for RESTORIL) - Tier 1; QL; AL triazolam - Tier 1; QL; AL	
Bipolar Agents - Drugs to Treat Mood Disorders	
Mood Stabilizers - Mood Disorder Drugs	
divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; QL divalproex sodium oral (generic for DEPAKOTE) - Tier 1; QL EQUETRO - Tier 2; QL lithium - Tier 1; *; QL; AL lithium carbonate er (generic for LITHOBID) - Tier 1; *; QL; AL lithium carbonate oral - Tier 1; *; QL; AL	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
Antidiabetic Agents - Diabetic Drugs	
acarbose oral (generic for PRECOSE) - Tier 1; QL BYDUREON - Tier 2; PA; QL BYETTA 10 MCG PEN - Tier 2; PA; QL BYETTA 5 MCG PEN - Tier 2; PA; QL FARXIGA - Tier 2; PA; QL glimepiride (generic for AMARYL) - Tier 1; QL glipizide er (generic for GLUCOTROL XL) - Tier 1; QL glipizide ir (generic for GLUCOTROL) - Tier 1; QL glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL glyburide micronized (generic for GLYNASE) - Tier 1; QL glyburide oral - Tier 1; QL glyburide-metformin - Tier 1; QL GLYXAMBI - Tier 2; PA; QL INVOKANA - Tier 2; PA; QL	ADLYXIN - Tier 2; PA; QL ADLYXIN STARTER PACK - Tier 2; PA; QL ALOGLIPTIN BENZOATE - Tier 2; PA; QL ALOGLIPTIN-METFORMIN HCL - Tier 2; PA; QL ALOGLIPTIN-PIOGLITAZONE - Tier 2; PA; QL BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL INVOKAMET - Tier 2; PA; QL INVOKAMET XR - Tier 2; PA; QL JENTADUETO XR - Tier 2; PA; QL KAZANO (brand for alogliptin-metformin hcl) - Tier 2; PA; QL NESINA (brand for alogliptin benzoate) - Tier 2; PA; QL OSENI (brand for alogliptin-pioglitazone) - Tier 2; PA; QL OZEMPIC - Tier 2; PA; QL QTERN - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>JANUMET - Tier 2; PA; QL JANUMET XR - Tier 2; PA; QL JANUVIA - Tier 2; PA; QL JARDIANCE - Tier 2; PA; QL JENTADUETO - Tier 2; PA; QL KOMBIGLYZE XR - Tier 2; PA; QL metformin hcl er - Tier 1; QL metformin hcl oral tablet - Tier 1; QL nateglinide (generic for STARLIX) - Tier 1; QL ONGLYZA - Tier 2; PA; QL pioglitazone hcl (generic for ACTOS) - Tier 1; QL pioglitazone hcl-metformin hcl (generic for ACTOPLUS MET) - Tier 1; QL repaglinide - Tier 1; QL SYMLINPEN 120 - Tier 2; PA; QL SYMLINPEN 60 - Tier 2; PA; QL TRADJENTA - Tier 2; PA; QL VICTOZA - Tier 2; PA; QL</p>	<p>RYBELSUS - Tier 2; PA; QL SEGLUROMET - Tier 2; PA; QL SOLIQUA - Tier 2; PA; QL STEGLATRO - Tier 2; PA; QL STEGLUJAN - Tier 2; PA; QL SYNJARDY - Tier 2; PA; QL SYNJARDY XR - Tier 2; PA; QL TRIJARDY XR - Tier 2; PA; QL TRULICITY - Tier 2; PA; QL XIGDUO XR - Tier 2; PA; QL XULTOPHY - Tier 2; PA; QL</p>
Glycemic Agents - Diabetic Drugs	
<p>BAQSIMI ONE PACK - Tier 2; QL BAQSIMI TWO PACK - Tier 2; QL GLUCAGEN HYPOKIT - Tier 2; QL GLUCAGON EMERGENCY - Tier 2; QL GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE PFS - Tier 2; QL</p>	
Insulins - Diabetic Drugs	
<p>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; QL HUMALOG MIX 50/50 KWIKPEN - Tier 2; QL HUMALOG MIX 50/50 VIAL - Tier 2; QL</p>	<p>ADMELOG (brand for insulin lispro) - Tier 2; PA; QL ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL AFREZZA - Tier 2; PA; QL APIDRA SOLOSTAR - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p>HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; QL HUMALOG MIX 75/25 VIAL - Tier 2; QL HUMALOG U-100 JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; QL HUMALOG U-100 VIAL AND CARTRIDGE (brand for insulin lispro) - Tier 2; QL HUMULIN 70/30 KWIKPEN - Tier 2; QL HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N KWIKPEN - Tier 2; QL HUMULIN N VIAL - Tier 2; QL HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL HUMULIN R VIAL - Tier 2; QL LANTUS SOLOSTAR - Tier 2; QL LANTUS U-100 VIAL - Tier 2; QL LEVEMIR U-100 FLEXTOUCH - Tier 2; QL LEVEMIR U-100 VIAL - Tier 2; QL NOVOLIN 70/30 RELION - Tier 2; QL NOVOLIN 70/30 VIAL - Tier 2; QL NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; QL NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; QL NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; QL NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; QL NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; QL</p>	<p>APIDRA VIAL - Tier 2; PA; QL BASAGLAR KWIKPEN - Tier 2; PA; QL FIASP - Tier 2; PA; QL FIASP FLEXTOUCH - Tier 2; PA; QL HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL INSULIN ASP PROT & ASP FLEXPEN - Tier 2; PA; QL INSULIN ASPART - Tier 2; PA; QL INSULIN ASPART PROT & ASPART - Tier 2; PA; QL INSULIN LISPRO - Tier 2; PA; QL INSULIN LISPRO (1 UNIT DIAL) - Tier 2; PA; QL NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL NOVOLIN N FLEXPEN - Tier 2; PA; QL NOVOLIN N VIAL - Tier 2; PA; QL NOVOLIN R FLEXPEN - Tier 2; PA; QL NOVOLIN R VIAL - Tier 2; PA; QL TOUJEO MAX SOLOSTAR - Tier 2; PA; QL TOUJEO SOLOSTAR - Tier 2; PA; QL TRESIBA - Tier 2; PA; QL TRESIBA FLEXTOUCH - Tier 2; PA; QL</p>
<p>Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders</p>	
<p>Anticoagulants - Blood Thinners</p>	
<p>ELIQUIS - Tier 2; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL enoxaparin sodium (generic for LOVENOX) - Tier 1; QL</p>	<p>SAVAYSA - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml - Tier 1; QL heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml - Tier 1 heparin sodium (porcine) injection solution prefilled syringe - Tier 1; QL heparin sodium (porcine) pf - Tier 1 jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1 PRADAXA - Tier 2; QL warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1 XARELTO - Tier 2; QL XARELTO STARTER PACK - Tier 2; QL	
Blood Formation Modifiers - Blood Formation Drugs	
anagrelide hcl (generic for AGRYLIN) - Tier 1 FULPHILA - Tier 2; PA; SP; QL MOZOBIL - Tier 2; PA; SP; QL NEUPOGEN - Tier 2; PA; SP; QL NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG - Tier 2; PA; SP; QL PROMACTA - Tier 2; PA; SP; QL RETACRIT - Tier 2; PA; SP; QL UDENYCA - Tier 2; PA; SP; QL	ARANESP (ALBUMIN FREE) - Tier 2; PA; SP; QL DOPTELET - Tier 2; PA; SP; QL EPOGEN - Tier 2; PA; SP; QL GRANIX - Tier 2; PA; SP; QL LEUKINE - Tier 2; PA; SP; QL MIRCERA - Tier 2; PA MULPLETA - Tier 2; PA; SP; QL NEULASTA - Tier 2; PA; SP; QL NEULASTA ONPRO - Tier 2; PA; SP; QL NIVESTYM - Tier 2; PA; SP; QL PROCRIT - Tier 2; PA; SP; QL ZARXIO - Tier 2; PA; SP; QL
Hemostasis Agents - Drugs to Stop Bleeding	
ADVATE - Tier 2; PA; SP; QL ADYNOVATE - Tier 2; PA; SP; QL AFSTYLA - Tier 2; PA; SP; QL	

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Preferred Agents

ALPHANATE/VWF COMPLEX/HUMAN - Tier 2; PA; SP; QL
 ALPHANINE SD - Tier 2; PA; SP; QL
 ALPROLIX - Tier 2; PA; SP; QL
 aminocaproic acid oral (generic for AMICAR) - Tier 1; QL
 BENEFIX - Tier 2; PA; SP; QL
 COAGADEX - Tier 2; PA
 CORIFACT - Tier 2; PA; SP; QL
 ELOCTATE - Tier 2; PA; SP; QL
 FEIBA - Tier 2; PA; SP; QL
 FIBRYGA - Tier 2; PA; SP; QL
 HEMLIBRA - Tier 2; PA; SP; QL
 HEMOFIL M - Tier 2; PA; SP; QL
 HUMATE-P - Tier 2; PA; SP; QL
 IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT,
 2000 UNIT, 250 UNIT, 500 UNIT - Tier 2; PA; SP; QL
 IXINITY - Tier 2; PA; SP; QL
 KOATE - Tier 2; PA; SP; QL
 KOATE-DVI - Tier 2; PA; SP; QL
 KOGENATE FS - Tier 2; PA; SP; QL
 KOVALTRY - Tier 2; PA; SP; QL
 MONONINE - Tier 2; PA; SP; QL
 NOVOSEVEN RT - Tier 2; PA; SP; QL
 NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500
 UNIT - Tier 2; PA; SP; QL
 NUWIQ INTRAVENOUS KIT 2500 UNIT, 3000 UNIT, 4000 UNIT - Tier
 2; PA
 NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT,
 2000 UNIT, 250 UNIT, 500 UNIT - Tier 2; PA; SP; QL
 NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT,
 3000 UNIT, 4000 UNIT - Tier 2; PA
 OBIZUR - Tier 2; PA; SP; QL
 PROFILNINE - Tier 2; PA; SP; QL
 PROFILNINE SD - Tier 2; PA; SP; QL
 REBINYN - Tier 2; PA
 RECOMBINATE - Tier 2; PA; SP; QL
 RIASTAP - Tier 2; PA; SP; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
RIXUBIS - Tier 2; PA; SP; QL tranexamic acid oral (generic for LYSTEDA) - Tier 1; DX2RX; QL TRETEN - Tier 2; PA; SP; QL VONVENDI - Tier 2; PA; SP; QL WILATE - Tier 2; PA; SP; QL XYNTHA - Tier 2; PA; SP; QL XYNTHA SOLOFUSE - Tier 2; PA; SP; QL	
Platelet Modifying Agents - Platelet Modifying Drugs	
BRILINTA - Tier 2; DX2RX; QL CABLIVI - Tier 2; SP; QL cilostazol - Tier 1; QL clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL dipyridamole oral - Tier 1; QL	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
Alpha-adrenergic Agonists - Blood Pressure Drugs	
clonidine (generic for CATAPRES-TTS-1) - Tier 1; QL clonidine hcl oral (generic for CATAPRES) - Tier 1; QL; AL guanfacine hcl - Tier 1; QL; AL methyl dopa - Tier 1; QL midodrine hcl - Tier 1; QL	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	
doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL prazosin hcl oral (generic for MINIPRESS) - Tier 1; QL	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	
irbesartan (generic for AVAPRO) - Tier 1; QL losartan potassium oral (generic for COZAAR) - Tier 1; QL	EDARBI - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
valsartan (generic for DIOVAN) - Tier 1; QL	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	
benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL captopril oral - Tier 1; QL enalapril maleate oral (generic for VASOTEC) - Tier 1; QL EPANED - Tier 2; QL; AL fosinopril sodium - Tier 1; QL lisinopril oral (generic for PRINIVIL) - Tier 1; QL moexipril hcl - Tier 1; QL perindopril erbumine - Tier 1; QL quinapril hcl (generic for ACCUPRIL) - Tier 1; QL ramipril (generic for ALTACE) - Tier 1; QL trandolapril - Tier 1; QL	
Antiarrhythmics - Heart Regulation Drugs	
amiodarone hcl oral (generic for PACERONE) - Tier 1; QL disopyramide phosphate (generic for NORPACE) - Tier 1; QL dofetilide (generic for TIKOSYN) - Tier 1; QL flecainide acetate - Tier 1; QL mexiletine hcl oral - Tier 1; QL MULTAQ - Tier 2; PA; QL NORPACE CR - Tier 2; QL pacerone oral tablet 200 mg (generic for PACERONE) - Tier 1; QL propafenone hcl - Tier 1; QL quinidine gluconate er - Tier 1; QL quinidine sulfate - Tier 1; QL sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL sotalol hcl oral (generic for BETAPACE) - Tier 1; QL	BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL NORPACE (brand for disopyramide phosphate) - Tier 2; PA; QL PACERONE ORAL TABLET 100 MG, 400 MG (brand for amiodarone hcl) - Tier 2; PA; QL RYTHMOL SR (brand for propafenone hcl er) - Tier 2; PA; QL TIKOSYN (brand for dofetilide) - Tier 2; PA; QL
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	
acebutolol hcl oral - Tier 1; QL	HEMANGEOL - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>atenolol oral (generic for TENORMIN) - Tier 1; QL betaxolol hcl oral - Tier 1; QL bisoprolol fumarate - Tier 1; QL carvedilol (generic for COREG) - Tier 1; QL labetalol hcl oral - Tier 1; QL metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL metoprolol tartrate oral (generic for LOPRESSOR) - Tier 1; QL propranolol hcl er (generic for INDERAL LA) - Tier 1; QL propranolol hcl oral - Tier 1; QL</p>	
Calcium Channel Blocking Agents - Blood Pressure Drugs	
<p>amlodipine besylate oral (generic for NORVASC) - Tier 1; QL cartia xt (generic for CARTIA XT) - Tier 1; QL diltiazem hcl er beads (generic for TAZTIA XT) - Tier 1; QL diltiazem hcl er coated beads oral capsule extended release 24 hour (generic for CARTIA XT) - Tier 1; QL diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL dilt-xr - Tier 1; QL felodipine er - Tier 1; QL nifedipine er (generic for AFEDITAB CR) - Tier 1; QL nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL nifedipine oral (generic for PROCARDIA) - Tier 1; QL nimodipine oral - Tier 1; QL taztia xt (generic for TAZTIA XT) - Tier 1; QL tiadylt er (generic for TAZTIA XT) - Tier 1; QL verapamil hcl er (generic for CALAN SR) - Tier 1; QL verapamil hcl oral - Tier 1; QL</p>	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
<p>ALDACTAZIDE ORAL TABLET 50-50 MG - Tier 2; QL amiloride-hydrochlorothiazide - Tier 1; QL atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL benazepril-hydrochlorothiazide - Tier 1; QL</p>	<p>BIDIL - Tier 2; PA; QL CORLANOR - Tier 2; PA; QL EDARBYCLOR - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p>bisoprolol-hydrochlorothiazide (generic for ZIAC) - Tier 1; QL captopril-hydrochlorothiazide - Tier 1; QL digitek (generic for DIGITEK) - Tier 1; QL digox (generic for DIGITEK) - Tier 1; QL digoxin oral (generic for DIGITEK) - Tier 1; QL enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL ENTRESTO - Tier 2; PA; QL fosinopril sodium-hctz - Tier 1; QL lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL methyldopa-hydrochlorothiazide - Tier 1; QL metoprolol-hydrochlorothiazide - Tier 1; QL pentoxifylline er - Tier 1; QL propranolol-hctz - Tier 1; QL quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL ranolazine er (generic for RANEXA) - Tier 1; ST; QL spironolactone-hctz (generic for ALDACTAZIDE) - Tier 1; QL triamterene-hctz (generic for MAXZIDE-25) - Tier 1; QL valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL VYNDAMAX - Tier 2; PA; SP; QL VYNDAQEL - Tier 2; PA; SP; QL</p>	
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs	
methazolamide oral - Tier 1; QL	
Diuretics, Loop - Cardiac Drugs	
<p>bumetanide oral (generic for BUMEX) - Tier 1; QL furosemide oral solution 10 mg/ml - Tier 1; QL furosemide oral tablet (generic for LASIX) - Tier 1; QL torsemide - Tier 1; QL</p>	
Diuretics, Potassium-sparing - Cardiac Drugs	
amiloride hcl oral - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
eplerenone (generic for INSPRA) - Tier 1; PA; QL spironolactone oral (generic for ALDACTONE) - Tier 1; QL	
Diuretics, Thiazide - Cardiac Drugs	
chlorthalidone - Tier 1; QL DIURIL - Tier 2; QL hydrochlorothiazide oral - Tier 1; QL indapamide - Tier 1; QL metolazone - Tier 1; QL	
Dyslipidemics, Fibrin Acid Derivatives - Cholesterol Control Drugs	
ANTARA - Tier 2; QL fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL fenofibrate oral capsule 50 mg (generic for LIPOFEN) - Tier 1; QL fenofibrate oral tablet 145 mg, 48 mg (generic for TRICOR) - Tier 1; QL fenofibrate oral tablet 160 mg (generic for TRIGLIDE) - Tier 1; QL fenofibrate oral tablet 40 mg (generic for FENOGLIDE) - Tier 1; QL fenofibrate oral tablet 54 mg - Tier 1; QL fenofibric acid oral tablet (generic for FIBRICOR) - Tier 1; QL FIBRICOR - Tier 2; QL gemfibrozil oral (generic for LOPID) - Tier 1; QL LIPOFEN ORAL CAPSULE 50 MG (brand for fenofibrate) - Tier 2; QL	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	
atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL lovastatin - Tier 1; QL pravastatin sodium - Tier 1; QL rosuvastatin calcium (generic for CRESTOR) - Tier 1; QL simvastatin oral (generic for ZOCOR) - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	
cholestyramine light (generic for PREVALITE) - Tier 1; QL cholestyramine oral (generic for QUESTRAN) - Tier 1; QL colestipol hcl oral granules (generic for COLESTID) - Tier 1; QL colestipol hcl oral tablet (generic for COLESTID) - Tier 1; QL ezetimibe (generic for ZETIA) - Tier 1; PA; QL niacin (antihyperlipidemic) (generic for NIACOR) - Tier 1; QL niacin er (antihyperlipidemic) (generic for NIASPAN) - Tier 1; QL niacor (generic for NIACOR) - Tier 1; QL omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL prevalite (generic for PREVALITE) - Tier 1; QL REPATHA - Tier 2; PA; SP; QL	PRALUENT - Tier 2; PA; SP; QL
Vasodilators, Direct-acting Arterial - Chest Pain Drugs	
hydralazine hcl oral - Tier 1; QL minoxidil oral - Tier 1; QL	
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	
DILATRATE-SR - Tier 2; QL isosorbide dinitrate - Tier 1; QL isosorbide mononitrate - Tier 1; QL isosorbide mononitrate er - Tier 1; QL minitran (generic for MINITRAN) - Tier 1; QL NITRO-BID - Tier 2; QL NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR - Tier 2; QL nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL nitroglycerin transdermal (generic for MINITRAN) - Tier 1; QL nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL nitro-time - Tier 1; QL RECTIV - Tier 2; DX2RX; QL	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	

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Preferred Agents	Non-Preferred Agents
<p>Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs</p> <p>ADDERALL (brand for amphetamine-dextroamphetamine) - Tier 2; QL; AL ADDERALL XR (brand for amphetamine-dextroamphetamine) - Tier 2; QL; AL amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; QL; AL dextroamphetamine sulfate oral tablet (generic for ZENZEDI) - Tier 1; QL; AL VYVANSE - Tier 2; QL; AL</p>	<p>ADZENYS XR-ODT - Tier 2; PA; QL DYANAVEL XR - Tier 2; PA; QL EVEKEO (brand for amphetamine sulfate) - Tier 2; PA; QL EVEKEO ODT - Tier 2; PA; QL; AL MYDAYIS - Tier 2; PA; QL; AL ZENZEDI - Tier 2; PA; QL; AL</p>
<p>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs</p> <p>APTENSIO XR (brand for methylphenidate hcl er (xr)) - Tier 2; QL; AL atomoxetine hcl (generic for STRATTERA) - Tier 1; QL; AL clonidine hcl er (generic for KAPVAY) - Tier 1; QL; AL CONCERTA (brand for methylphenidate hcl er) - Tier 2; QL; AL DAYTRANA - Tier 2; QL; AL dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; QL; AL guanfacine hcl er (generic for INTUNIV) - Tier 1; QL; AL METHYLIN (brand for methylphenidate hcl) - Tier 2; QL; AL methylphenidate hcl er (cd) - Tier 1; QL; AL methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; QL; AL methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg - Tier 1; QL; AL METHYLPHENIDATE HCL ER (XR) - Tier 2; QL; AL methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; QL; AL RITALIN LA (brand for methylphenidate hcl er (la)) - Tier 2; QL; AL</p>	<p>ADHANSIA XR - Tier 2; PA; QL; AL COTEMPLA XR-ODT - Tier 2; PA; QL; AL FOCALIN (brand for dexmethylphenidate hcl) - Tier 2; PA; QL; AL INTUNIV (brand for guanfacine hcl er) - Tier 2; PA; QL; AL JORNAY PM - Tier 2; PA; QL KAPVAY (brand for clonidine hcl er) - Tier 2; PA; QL; AL metadate er - Tier 1; PA; QL; AL RITALIN (brand for methylphenidate hcl) - Tier 2; PA; QL; AL STRATTERA (brand for atomoxetine hcl) - Tier 2; PA; QL; AL</p>
<p>Central Nervous System, Other - Miscellaneous Central Nervous System Drugs</p>	

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Preferred Agents	Non-Preferred Agents
caffeine citrate oral - Tier 1; QL; AL GRALISE - Tier 2; PA; QL HORIZANT - Tier 2; PA; QL INGREZZA - Tier 2; PA; SP; QL NUDEXTA - Tier 2; DX2RX; QL riluzole (generic for RILUTEK) - Tier 1; QL tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; QL	
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL; AL pregabalin oral (generic for LYRICA) - Tier 1; QL	CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL; AL
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
AUBAGIO - Tier 2; DX2RX; SP; QL AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL GILENYA ORAL CAPSULE 0.5 MG - Tier 2; DX2RX; SP; QL glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml (generic for GLATOPA) - Tier 1; DX2RX; SP; QL MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; DX2RX; SP; QL PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR - Tier 2; PA; SP; QL PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; DX2RX; SP; QL REBIF - Tier 2; PA; SP; QL	COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL EXTAVIA - Tier 2; PA; SP; QL GILENYA ORAL CAPSULE 0.25 MG - Tier 2; PA; SP; QL glatopa - Tier 1; DX2RX; SP; QL MAVENCLAD (10 TABS) - Tier 2; PA; SP; QL MAVENCLAD (4 TABS) - Tier 2; PA; SP; QL MAVENCLAD (5 TABS) - Tier 2; PA; SP; QL MAVENCLAD (6 TABS) - Tier 2; PA; SP; QL MAVENCLAD (7 TABS) - Tier 2; PA; SP; QL MAVENCLAD (8 TABS) - Tier 2; PA; SP; QL MAVENCLAD (9 TABS) - Tier 2; PA; SP; QL TECFIDERA (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL VUMERITY - Tier 2; PA; SP; QL VUMERITY (STARTER) - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
REBIF REBIDOSE - Tier 2; SP; QL REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL REBIF TITRATION PACK - Tier 2; SP; QL	
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	
cavarest (generic for CAVAREST) - Tier 1 chlorhexidine gluconate mouth/throat (generic for PAROEX) - Tier 1; QL denta 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL dentagel (generic for CAVAREST) - Tier 1 easygel - Tier 1 fluoridex daily renewal - Tier 1 oralone (generic for ORALONE) - Tier 1; QL paroex (generic for PAROEX) - Tier 1; QL periogard (generic for PAROEX) - Tier 1; QL pilocarpine hcl oral (generic for SALAGEN) - Tier 1; QL PREVIDENT 5000 DRY MOUTH (brand for sodium fluoride) - Tier 2 PREVIDENT 5000 PLUS (brand for sodium fluoride) - Tier 2; QL PREVIDENT DENTAL (brand for sodium fluoride) - Tier 2 sf (generic for CAVAREST) - Tier 1 sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL sodium fluoride dental gel (generic for CAVAREST) - Tier 1 triamcinolone acetonide mouth/throat (generic for ORALONE) - Tier 1; QL	
Dermatological Agents - Drugs to Treat Skin Conditions	
acitretin (generic for SORIATANE) - Tier 1; PA; QL ala-cort (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; QL alclometasone dipropionate external ointment - Tier 1; QL	ABSORICA (brand for isotretinoin) - Tier 2; PA; QL ABSORICA LD - Tier 2; PA; QL ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL

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Preferred Agents

amcinonide external ointment - Tier 1
 ammonium lactate external - Tier 1; QL
 amnesteem (generic for AMNESTEEM) - Tier 1; PA; QL
 AQUAPHILIC (brand for ointment base) - Tier 2
 AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2
 AVAR-E GREEN (brand for sss 10-5) - Tier 2
 avita (generic for AVITA) - Tier 1; QL; AL
 azelaic acid external (generic for FINACEA) - Tier 1; QL
 BENZAC AC WASH (brand for bp wash) - Tier 2; QL
 benzepro creamy wash (generic for BENZEPRO CREAMY WASH) - Tier 1
 benzepro external foam 5.3 % - Tier 1
 benzepro foaming cloths - Tier 1
 BENZEPRO SHORT CONTACT (brand for benzoyl peroxide) - Tier 2
 benzoyl peroxide external foam (generic for BENZEPRO SHORT CONTACT) - Tier 1
 BENZOYL PEROXIDE EXTERNAL GEL 8 % - Tier 2
 betamethasone dipropionate aug (generic for DIPROLENE AF) - Tier 1; QL
 betamethasone dipropionate external cream - Tier 1; QL
 betamethasone dipropionate external lotion - Tier 1
 betamethasone dipropionate external ointment - Tier 1; QL
 betamethasone valerate external cream - Tier 1; QL
 betamethasone valerate external lotion - Tier 1
 betamethasone valerate external ointment - Tier 1; QL
 bp 10-1 - Tier 1
 bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1
 bp wash external liquid 7 % (generic for BENZEPRO CREAMY WASH) - Tier 1
 calcipotriene external cream (generic for DOVONEX) - Tier 1; ST; QL
 calcipotriene external ointment (generic for CALCITRENE) - Tier 1; ST; QL
 calcipotriene external solution - Tier 1; QL
 calcitriol external (generic for VECTICAL) - Tier 1; ST; QL
 capzix (generic for CAPZASIN-HP) - Tier 1; QL
 cerovel (generic for CEROVEL) - Tier 1; QL

Non-Preferred Agents

ACZONE (brand for dapsone) - Tier 2; PA; QL
 ALDARA (brand for imiquimod) - Tier 2; PA; QL
 AMZEEQ - Tier 2; PA; QL
 ATRALIN (brand for tretinoin) - Tier 2; PA; QL; AL
 BENZACLIN (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL
 BENZACLIN WITH PUMP (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL
 BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL
 CARAC (brand for fluorouracil) - Tier 2; PA; QL
 CLOBEX EXTERNAL LOTION (brand for clobetasol propionate) - Tier 2; PA; QL
 CLOBEX EXTERNAL SHAMPOO (brand for clobetasol propionate) - Tier 2; PA
 CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL
 COSENTYX - Tier 2; PA; SP; QL
 DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL
 DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL
 DIFFERIN EXTERNAL LOTION - Tier 2; PA; QL
 DOVONEX (brand for calcipotriene) - Tier 2; PA; ST; QL
 DUPIXENT - Tier 2; PA; SP; QL
 EFUDEX (brand for fluorouracil) - Tier 2; PA; QL
 ELIDEL (brand for pimecrolimus) - Tier 2; PA; ST; QL; AL
 ENSTILAR - Tier 2; PA; QL
 EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL
 EPIDUO FORTE - Tier 2; PA; QL
 FABIOR - Tier 2; PA; QL
 FINACEA (brand for azelaic acid) - Tier 2; PA; QL
 ILUMYA - Tier 2; PA; SP; QL
 LUXIQ (brand for betamethasone valerate) - Tier 2; PA; QL
 MIRVASO - Tier 2; PA; QL
 OLUX (brand for clobetasol propionate) - Tier 2; PA; QL
 OLUX-E (brand for clobetasol propionate emulsion) - Tier 2; PA
 ONEXTON - Tier 2; PA; QL
 PICATO - Tier 2; PA; QL
 PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (brand for tacrolimus) - Tier 2; PA; ST; QL; AL

Tier 1: Generic; Tier 2: Brand; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p>claravis (generic for AMNESTEEM) - Tier 1; PA; QL clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; QL clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL clindamycin phosphate external gel (generic for CLEOCIN-T) - Tier 1; QL clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL clindamycin phosphate external solution - Tier 1; QL clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL clobetasol prop emollient base - Tier 1; QL clobetasol propionate e - Tier 1; QL clobetasol propionate external cream (generic for TEMOVATE) - Tier 1; QL clobetasol propionate external gel - Tier 1; QL clobetasol propionate external ointment (generic for TEMOVATE) - Tier 1; QL clobetasol propionate external solution - Tier 1; QL clotrimazole-betamethasone - Tier 1; QL corn & callus remover (generic for COMPOUND W) - Tier 1 CORTISPORIN EXTERNAL OINTMENT - Tier 2 DERMA-SMOOTH/FS BODY (brand for fluocinolone acetonide body) - Tier 2; QL DERMA-SMOOTH/FS SCALP (brand for fluocinolone acetonide scalp) - Tier 2; QL diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL ENZOCLEAR (brand for benzoyl peroxide) - Tier 2 ery - Tier 1 erythromycin external gel (generic for ERYGEL) - Tier 1 erythromycin external solution - Tier 1; QL EUCRISA - Tier 2; ST; QL fluocinolone acetonide external cream - Tier 1; QL fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1 fluocinolone acetonide external solution (generic for SYNALAR) - Tier 1; QL</p>	<p>QBREXZA - Tier 2; PA; QL RETIN-A (brand for tretinoin) - Tier 2; PA; QL; AL RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere pump) - Tier 2; PA; QL RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL RHOFADE - Tier 2; PA; QL SERNIVO - Tier 2; PA; QL SILIQ - Tier 2; PA; SP; QL SOOLANTRA - Tier 2; PA; QL SORILUX (brand for calcipotriene) - Tier 2; PA; QL TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL TALTZ - Tier 2; PA; SP; QL TAZORAC - Tier 2; PA; QL TEMOVATE (brand for clobetasol propionate) - Tier 2; PA; QL TOLAK - Tier 2; PA; QL TOPICORT SPRAY (brand for desoximetasone) - Tier 2; PA; QL TREMIFYA - Tier 2; PA; SP; QL VANOS (brand for fluocinonide) - Tier 2; PA; QL VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL VELTIN (brand for clindamycin-tretinoin) - Tier 2; PA; QL ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL ZYCLARA (brand for imiquimod pump) - Tier 2; PA; QL</p>

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Preferred Agents

fluocinonide emulsified base - Tier 1; QL
fluocinonide external cream - Tier 1; QL
fluocinonide external ointment - Tier 1; QL
fluocinonide external solution - Tier 1; QL
fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL
fluorouracil external solution - Tier 1
fluticasone propionate external cream - Tier 1; QL
fluticasone propionate external ointment - Tier 1; QL
halobetasol propionate external cream - Tier 1; QL
halobetasol propionate external ointment - Tier 1; QL
hydrocortisone acetate external ointment - Tier 1
hydrocortisone butyrate external ointment - Tier 1; QL
hydrocortisone butyrate external solution - Tier 1; QL
hydrocortisone external cream - Tier 1; QL
hydrocortisone external lotion 2.5 % - Tier 1; QL
hydrocortisone external ointment 0.5 % - Tier 1
hydrocortisone external ointment 1 % (generic for CORTIZONE-10) - Tier 1; QL
hydrocortisone external ointment 2.5 % - Tier 1; QL
imiquimod external (generic for ALDARA) - Tier 1; QL
isotretinoin oral (generic for AMNESTEEM) - Tier 1; PA; QL
KERALYT EXTERNAL GEL 6 % (brand for salicylic acid) - Tier 2; QL
lactic acid external - Tier 1
methoxsalen rapid (generic for OXSORALEN ULTRA) - Tier 1
mometasone furoate external - Tier 1; QL
myorisan (generic for AMNESTEEM) - Tier 1; PA; QL
OVACE PLUS WASH EXTERNAL LIQUID (brand for sulfacetamide sodium) - Tier 2
OVACE WASH (brand for sulfacetamide sodium) - Tier 2
pimecrolimus (generic for ELIDEL) - Tier 1; ST; QL; AL
podofilox external - Tier 1; QL
pr benzoyl peroxide wash (generic for BENZEPRO CREAMY WASH) - Tier 1
prednicarbate external cream - Tier 1; QL
REGRANEX - Tier 2; DX2RX; QL
SALEX EXTERNAL SHAMPOO (brand for salicylic acid) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents

salicylic acid external cream - Tier 1
salicylic acid external foam (generic for SALVAX) - Tier 1
salicylic acid external gel (generic for KERALYT) - Tier 1; QL
salicylic acid external liquid (generic for VIRASAL) - Tier 1
salicylic acid external lotion - Tier 1; QL
salicylic acid external shampoo (generic for SALEX) - Tier 1; QL
salicylic acid external solution - Tier 1
salicylic acid wart remover (generic for VIRASAL) - Tier 1
salimez - Tier 1
SALIMEZ FORTE - Tier 2
SALVAX (brand for salicylic acid) - Tier 2
SANTYL - Tier 2; QL
selenium sulfide external lotion - Tier 1; QL
sodium sulfacetamide wash - Tier 1
sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1
sulfacetamide sodium (acne) (generic for KLARON) - Tier 1
sulfacetamide sodium external liquid (generic for OVACE PLUS WASH) - Tier 1
sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1
sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL
sulfacetamide sodium-sulfur external lotion 10-5 % - Tier 1
sulfacetamide sodium-sulfur external suspension 10-5 % - Tier 1; QL
sulfamez wash - Tier 1
SUMADAN WASH (brand for sulfacetamide sodium-sulfur) - Tier 2; QL
tacrolimus external ointment 0.03 %, 0.1 % (generic for PROTOPIC) - Tier 1; ST; QL; AL
tretinoin external (generic for AVITA) - Tier 1; QL; AL
triamcinolone acetonide external cream - Tier 1; QL
triamcinolone acetonide external lotion 0.025 % - Tier 1
triamcinolone acetonide external lotion 0.1 % - Tier 1; QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL
triderm (generic for TRIDERM) - Tier 1; QL
urea external lotion (generic for CEROVEL) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
urea-c40 (generic for CEROVEL) - Tier 1; QL ureacin-10 (generic for AQUA CARE) - Tier 1; QL ureacin-20 - Tier 1; QL VANICREAM EXTERNAL OINTMENT (brand for ointment base) - Tier 2 VIRASAL (brand for salicylic acid) - Tier 2 zaclir cleansing - Tier 1 zenatane (generic for AMNESTEEM) - Tier 1; PA; QL ZYCLARA PUMP EXTERNAL CREAM 3.75 % (brand for imiquimod pump) - Tier 2; QL	
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
calcitrate oral tablet 950 mg - Tier 1 calcium carbonate oral tablet 600 mg (generic for HIGH POTENCY CALCIUM) - Tier 1; QL calcium carbonate-vitamin d tablet 600-400 mg-unit oral - Tier 1 calcium carbonate-vitamin d tablet 600-400 mg-unit oral - Tier 1; QL CARBAGLU - Tier 2; PA; SP; QL effer-k oral tablet effervescent 25 meq (generic for EFFER-K) - Tier 1; QL ferocon (generic for TRICON) - Tier 1 ferottrinsic (generic for TRICON) - Tier 1 ferrous sulfate oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg - Tier 1; QL fluoritab (generic for LUDENT) - Tier 1; QL FLURA-DROPS - Tier 2; QL folic acid oral tablet 1 mg - Tier 1; QL folic acid oral tablet 800 mcg (generic for FA-8) - Tier 1 foltrin (generic for TRICON) - Tier 1 iferex 150 forte (generic for IFEREX 150 FORTE) - Tier 1	

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Preferred Agents

klor-con (generic for KLOR-CON) - Tier 1; QL
klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL
klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL
klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL
klor-con sprinkle oral capsule extended release 10 meq (generic for KLOR-CON SPRINKLE) - Tier 1; QL
klor-con/ef (generic for EFFER-K) - Tier 1; QL
K-PHOS - Tier 2; QL
K-PHOS-NEUTRAL (brand for phosphorous) - Tier 2; QL
k-prime (generic for EFFER-K) - Tier 1; QL
levocarnitine oral solution (generic for CARNITOR) - Tier 1; QL
levocarnitine oral tablet (generic for CARNITOR) - Tier 1
levocarnitine sf (generic for CARNITOR) - Tier 1; QL
ludent (generic for LUDENT) - Tier 1; QL
magnesium oxide oral tablet 400 (241.3 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1
nafrinse (generic for LUDENT) - Tier 1; QL
nafrinse drops (generic for NAFRINSE DROPS) - Tier 1; QL
neutral sodium fluoride (generic for PREVIDENT) - Tier 1
oyster shell calcium/d oral tablet 250-250 mg-unit, 500-400 mg-unit - Tier 1
oyster shell calcium/d oral tablet 500-200 mg-unit (generic for RA HI CAL) - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 500-200 mg-unit (generic for OS-CAL CALCIUM + D3) - Tier 1; QL
PEDIALYTE ORAL SOLUTION (brand for sm pediatric electrolyte) - Tier 2; QL
pediatric electrolyte oral solution (generic for PEDIALYTE) - Tier 1; QL
phospha 250 neutral (generic for PHOSPHA 250 NEUTRAL) - Tier 1; QL
phosphorous (generic for PHOSPHA 250 NEUTRAL) - Tier 1; QL
phospho-trin 250 neutral (generic for PHOSPHA 250 NEUTRAL) - Tier 1; QL
poly-iron 150 forte (generic for IFEREX 150 FORTE) - Tier 1
potassium bicarbonate oral (generic for EFFER-K) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p>potassium chloride crystal (generic for KLOR-CON M10) - Tier 1; QL potassium chloride oral capsule extended release 10 meq (generic for KLOR-CON SPRINKLE) - Tier 1; QL potassium chloride oral tablet extended release (generic for KLOR-CON 10) - Tier 1; QL potassium chloride oral (generic for KLOR-CON) - Tier 1; QL potassium citrate oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL potassium citrate oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1 potassium citrate oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1 potassium citrate-citric acid - Tier 1 PREVIDENT MOUTH/THROAT (brand for neutral sodium fluoride) - Tier 2 sodium citrate-citric acid - Tier 1 sodium chloride (pf) - Tier 1; QL sodium chloride intravenous solution 0.45 %, 0.9 % - Tier 1; QL sodium fluoride oral solution - Tier 1; QL sodium fluoride oral tablet 1.1 (0.5 f) mg - Tier 1 sodium fluoride oral tablet chewable (generic for LUDENT) - Tier 1; QL tricon (generic for TRICON) - Tier 1 virt-phos 250 neutral (generic for PHOSPHA 250 NEUTRAL) - Tier 1; QL</p>	
Electrolyte/Mineral/Metal Modifiers	
<p>CHEMET - Tier 2; QL deferasirox (generic for EXJADE) - Tier 1; PA; SP; QL deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL FERRIPROX ORAL TABLET - Tier 2; PA; SP; QL kionex (generic for KIONEX) - Tier 1; QL LOKELMA - Tier 2; PA; QL sodium polystyrene sulfonate oral powder - Tier 1</p>	

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Preferred Agents	Non-Preferred Agents
sodium polystyrene sulfonate oral suspension (generic for KIONEX) - Tier 1; QL sodium polystyrene sulfonate rectal - Tier 1 sps (generic for KIONEX) - Tier 1; QL VELTASSA - Tier 2; PA; QL	
Phosphate Binders - Phosphate-Removing Agents	
calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL sevelamer carbonate (generic for RENVELA) - Tier 1; QL sevelamer hcl - Tier 1; QL	AURYXIA - Tier 2; PA; QL VELPHORO - Tier 2; PA; QL
Vitamins	
adc/f (0.5mg/ml) - Tier 1 animal shapes (generic for ANIMAL SHAPES) - Tier 1; QL ATABEX OB - Tier 2; QL BACMIN (brand for whole food multivitamin) - Tier 2; QL b-complex/b-12 oral - Tier 1 biocel (generic for LYSIPLEX PLUS) - Tier 1; QL b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; QL calcidol (generic for CALCIDOL) - Tier 1; QL childrens chewable vitamins (generic for ANIMAL SHAPES) - Tier 1; QL cvs vitamin e oral capsule 1000 unit - Tier 1 cyanocobalamin injection solution 1000 mcg/ml - Tier 1; QL CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML - Tier 2; QL d3 high potency oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1 d3 super strength - Tier 1; QL decara oral capsule 1.25 mg (50000 ut) - Tier 1; QL decara oral capsule 250 mcg (10000 ut) (generic for DECARA) - Tier 1 DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2 d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL ergocalciferol oral (generic for DRISDOL) - Tier 1; QL	

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Preferred Agents

FORTAVIT ORAL CAPSULE (brand for glucoten) - Tier 2; QL
lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL
M-NATAL PLUS - Tier 2; QL
multiple vitamin-folic acid (generic for ESTROFACTORS) - Tier 1
MULTIPRO - Tier 2; QL
multi-vit/iron/fluoride - Tier 1; QL
multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL
multivitamin/fluoride oral solution (generic for FLORIVA PLUS) - Tier 1;
QL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg
(generic for MVC-FLUORIDE) - Tier 1; QL
multivitamin/fluoride/iron - Tier 1; QL
multi-vitamin/fluoride/iron - Tier 1; QL
multivitamins/fluoride (generic for MVC-FLUORIDE) - Tier 1; QL
mvc-fluoride (generic for MVC-FLUORIDE) - Tier 1; QL
mynephrocaps (generic for MYNEPHRON) - Tier 1
mynephron (generic for MYNEPHRON) - Tier 1
NEONATAL COMPLETE - Tier 2; QL
NEONATAL PLUS (brand for prenatal plus/iron) - Tier 2; QL
NEOVITE - Tier 2; QL
niacin er oral capsule extended release 250 mg - Tier 1; QL
niacin oral tablet 100 mg - Tier 1
NICADAN (brand for whole food multivitamin) - Tier 2; QL
NICAZEL (brand for whole food multivitamin) - Tier 2; QL
NICAZEL FORTE (brand for whole food multivitamin) - Tier 2; QL
novamv pediatric multi-vitamin - Tier 1; QL
NUTRICAP (brand for whole food multivitamin) - Tier 2; QL
nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL
one daily (generic for ESTROFACTORS) - Tier 1
ONE VITE WOMENS - Tier 2; QL
ONE VITE WOMENS PLUS - Tier 2; QL
ONEVITE - Tier 2; QL
pediavit - Tier 1; QL
phytonadione injection solution 10 mg/ml - Tier 1; QL
phytonadione oral (generic for MEPHYTON) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

poly-vite pediatric (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL
 prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL
 prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL
 prenatal oral tablet 28-0.8 mg - Tier 1; QL
 prenatal plus iron (generic for PRENATABS RX) - Tier 1; QL
 PRENATVITE RX - Tier 2; QL
 QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML (brand for multivitamin/fluoride) - Tier 2; QL
 QUFLORA PEDIATRIC ORAL TABLET CHEWABLE (brand for multivitamin/fluoride) - Tier 2; QL
 renal (generic for MYNEPHRON) - Tier 1
 RENAL MULTIVITAMIN FORMULA (brand for full spectrum b/vitamin c) - Tier 2; QL
 rena-vite (generic for RENAL MULTIVITAMIN FORMULA) - Tier 1; QL
 REQ 49+ (brand for whole food multivitamin) - Tier 2; QL
 SIDEROL (brand for whole food multivitamin) - Tier 2; QL
 STROVITE FORTE ORAL TABLET (brand for whole food multivitamin) - Tier 2; PA; QL
 STROVITE ONE (brand for whole food multivitamin) - Tier 2; PA; QL
 support (generic for BPROTECTED MULTI-VITE) - Tier 1; QL
 trinate - Tier 1; QL
 triphrocaps (generic for MYNEPHRON) - Tier 1
 tri-vitamin/fluoride oral solution 0.25 mg/ml - Tier 1; QL
 tri-vitamin/fluoride oral solution 0.5 mg/ml - Tier 1
 tri-vite pediatric (generic for BPROTECTED PEDIA TRI-VITE) - Tier 1; QL
 tri-vite/fluoride oral solution 0.25 mg/ml - Tier 1; QL
 tri-vite/fluoride oral solution 0.5 mg/ml - Tier 1
 TYROS 2 (brand for ucd trio) - Tier 2
 UDAMIN SP (brand for onevite) - Tier 2; QL
 v-c forte (generic for VIC-FORTE) - Tier 1; QL
 vic-forte (generic for VIC-FORTE) - Tier 1; QL
 virt-caps (generic for MYNEPHRON) - Tier 1
 vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
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vitacel (generic for LYSIPLEX PLUS) - Tier 1; QL
 vita-min (generic for VIC-FORTE) - Tier 1; QL
 vitamin b-6 - Tier 1; QL
 vitamin c oral tablet 1000 mg - Tier 1; QL
 vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
 vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) (generic for DRISDOL) - Tier 1; QL
 vitamin d3 oral capsule 250 mcg (10000 ut) (generic for DECARA) - Tier 1
 vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL
 vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
 vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL
 vitamin e oral capsule 1000 unit - Tier 1
 vitamin k1 injection solution 10 mg/ml - Tier 1; QL
 vitamins acd-fluoride - Tier 1; QL
 VITAROCA PLUS (brand for whole food multivitamin) - Tier 2; QL
 VITATHELY WITH GINGER (brand for prenatal plus/iron) - Tier 2; QL
 weekly-d - Tier 1; QL

Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
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Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	
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ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL
 CUVPOSA - Tier 2; QL
 dicyclomine hcl oral capsule - Tier 1; QL
 dicyclomine hcl oral solution - Tier 1
 dicyclomine hcl oral tablet - Tier 1; QL
 ed-spaz (generic for ANASPAZ) - Tier 1; QL
 glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1
 hyoscyamine sulfate er (generic for SYMAX-SR) - Tier 1; QL
 hyoscyamine sulfate oral - Tier 1; QL
 hyoscyamine sulfate sl (generic for SYMAX-SL) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p>hyoscyamine sulfate sublingual (generic for SYMAX-SL) - Tier 1; QL hyosyne - Tier 1; QL LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL LEVSIN ORAL (brand for hyoscyamine sulfate) - Tier 2; QL LEVSIN/SL (brand for hyoscyamine sulfate sl) - Tier 2; QL NULEV (brand for hyoscyamine sulfate) - Tier 2; QL oscimin (generic for LEVSIN) - Tier 1; QL oscimin sr (generic for SYMAX-SR) - Tier 1; QL propantheline bromide oral - Tier 1; QL SYMAX DUOTAB - Tier 2 symax-sl (generic for SYMAX-SL) - Tier 1; QL symax-sr (generic for SYMAX-SR) - Tier 1; QL</p>	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
<p>alum & mag hydroxide-simeth (generic for MI-ACID) - Tier 1; QL antacid anti-gas max strength (generic for MAALOX MULTI SYMPTOM MAX ST) - Tier 1; QL antacid calcium (generic for CAL-GEST ANTACID) - Tier 1 antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1 antacid extra strength oral tablet chewable 750 mg (generic for TUMS CHEWY BITES) - Tier 1 antacid maximum (generic for TUMS ULTRA 1000) - Tier 1 antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1 antacid regular strength oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1 antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1 anti-diarrheal oral liquid - Tier 1 anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1 cvs antacid extra strength (generic for TUMS CHEWY BITES) - Tier 1 diotame instydose (generic for KAOPECTATE) - Tier 1 diphenoxylate-atropine oral liquid - Tier 1</p>	<p>MOTTEGRITY - Tier 2; PA; QL OMECLAMOX-PAK - Tier 2; PA PYLERA - Tier 2; PA RELISTOR - Tier 2; PA; QL SYMPROIC - Tier 2; PA; QL</p>

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Preferred Agents

Non-Preferred Agents

diphenoxylate-atropine oral tablet (generic for LOMOTIL) - Tier 1; QL
eq anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1
gas relief extra strength oral capsule (generic for GAS-X EXTRA STRENGTH) - Tier 1
GATTEX - Tier 2; PA; SP; QL
GELUSIL - Tier 2
goodsense antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1
goodsense antacid oral tablet chewable 750 mg (generic for TUMS CHEWY BITES) - Tier 1
goodsense anti-diarrheal (generic for IMODIUM A-D) - Tier 1
HELIDAC THERAPY - Tier 2
high potency probiotic (generic for ACIDOPHILUS HIGH-POTENCY) - Tier 1; QL
hm stomach relief oral suspension 525 mg/30ml (generic for KAOPECTATE) - Tier 1
IMODIUM A-D ORAL TABLET (brand for loperamide hcl) - Tier 2
IMODIUM MULTI-SYMPTOM RELIEF (brand for hm anti-diarrheal anti-gas) - Tier 2
infants gas relief oral suspension 20 mg/0.3ml (generic for LITTLE REMEDIES FOR TUMMYS) - Tier 1
LACTOJEN - Tier 2
loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL
loperamide hcl oral suspension (generic for IMODIUM A-D) - Tier 1
MAALOX MULTI SYMPTOM MAX ST (brand for mi-acid maximum strength) - Tier 2; QL
magnesium oxide oral tablet 400 mg - Tier 1
magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1
metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL
mi-acid (generic for MI-ACID) - Tier 1; QL
mi-acid maximum strength (generic for MAALOX MULTI SYMPTOM MAX ST) - Tier 1; QL
MOVANTIK - Tier 2; DX2RX; QL
pink bismuth maximum strength (generic for KAOPECTATE EXTRA STRENGTH) - Tier 1
RESTORA RX - Tier 2

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Preferred Agents	Non-Preferred Agents
<p>saccharomyces boulardii (generic for FLORASTOR) - Tier 1 simethicone oral capsule (generic for GAS-X EXTRA STRENGTH) - Tier 1 simethicone oral suspension (generic for LITTLE REMEDIES FOR TUMMYS) - Tier 1 simethicone oral tablet chewable 80 mg - Tier 1 sodium bicarbonate oral tablet - Tier 1 soothe oral tablet - Tier 1 stomach relief oral suspension 525 mg/30ml (generic for KAOPECTATE) - Tier 1 stomach relief oral tablet chewable (generic for PEPTO-BISMOL) - Tier 1; QL TRULANCE - Tier 2; QL TUMS CHEWY BITES (brand for ra smooth antacid ex st) - Tier 2 ursodiol oral capsule (generic for ACTIGALL) - Tier 1; QL ursodiol oral tablet (generic for URSO 250) - Tier 1 ZELAC - Tier 2; QL</p>	
Histamine2 (H2) receptor Antagonists - Ulcer and Stomach Acid Drugs	
<p>acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL cimetidine hcl - Tier 1; QL cimetidine oral (generic for TAGAMET HB) - Tier 1; QL famotidine oral (generic for PEPCID) - Tier 1; QL heartburn relief oral tablet 200 mg (generic for TAGAMET HB) - Tier 1; QL</p>	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	
<p>AMITIZA - Tier 2; PA; QL LINZESS - Tier 2; DX2RX; QL XIFAXAN ORAL TABLET 200 MG - Tier 2 XIFAXAN ORAL TABLET 550 MG - Tier 2; QL</p>	

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Preferred Agents	Non-Preferred Agents
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Laxatives - Drugs to treat Constipation

bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL
 bisacodyl rectal (generic for DULCOLAX) - Tier 1; QL
 citroma (generic for CITROMA) - Tier 1; QL
 clearlax (generic for CLEARLAX) - Tier 1; QL
 constulose - Tier 1; QL
 cvs gentle laxative rectal (generic for DULCOLAX) - Tier 1; QL
 cvs stool softener oral capsule 250 mg - Tier 1; QL
 docusate mini (generic for DOCUSOL MINI) - Tier 1; QL
 docusate sodium oral capsule 250 mg - Tier 1; QL
 docusate sodium oral liquid 150 mg/15ml - Tier 1; QL
 docusate sodium oral syrup - Tier 1
 docuzen (generic for SENEXON-S) - Tier 1
 enulose - Tier 1; QL
 EX-LAX ULTRA (brand for laxative) - Tier 2; QL
 fiber laxative (generic for FIBERCON) - Tier 1
 gavilax oral powder (generic for CLEARLAX) - Tier 1; QL
 gavilyte-c - Tier 1; QL
 gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL
 generlac - Tier 1; QL
 gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
 geri-kot (generic for DR EDWARDS OLIVE LAXATIVE) - Tier 1
 glycolax (generic for CLEARLAX) - Tier 1; QL
 gnp senna lax (generic for DR EDWARDS OLIVE LAXATIVE) - Tier 1
 GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM - Tier 2; QL
 hm stool softener oral capsule (generic for COLACE) - Tier 1; QL
 KRISTALOSE ORAL PACKET 20 GM - Tier 2; QL
 lactulose (generic for KRISTALOSE) - Tier 1; QL
 lactulose encephalopathy - Tier 1; QL
 laxative max str - Tier 1
 laxative regular strength (generic for SENNA SMOOTH) - Tier 1
 magnesium citrate oral solution (generic for CITROMA) - Tier 1; QL
 milk of magnesia oral suspension 400 mg/5ml (generic for DULCOLAX) - Tier 1

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Preferred Agents	Non-Preferred Agents
<p>mineral oil heavy oral - Tier 1</p> <p>mm stool softener laxative (generic for COLACE) - Tier 1; QL</p> <p>natural fiber laxative oral powder 28.3 % (generic for METAMUCIL) - Tier 1; QL</p> <p>natural senna laxative (generic for DR EDWARDS OLIVE LAXATIVE) - Tier 1</p> <p>peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL</p> <p>PERDIEM OVERNIGHT RELIEF (brand for laxative pills) - Tier 2</p> <p>qc magnesium citrate (generic for CITROMA) - Tier 1; QL</p> <p>senexon-s (generic for SENEXON-S) - Tier 1</p> <p>senna oral liquid - Tier 1</p> <p>senna oral syrup 8.8 mg/5ml - Tier 1</p> <p>senna oral tablet (generic for DR EDWARDS OLIVE LAXATIVE) - Tier 1</p> <p>senna plus oral tablet (generic for SENEXON-S) - Tier 1</p> <p>senna s (generic for SENEXON-S) - Tier 1</p> <p>senna smooth (generic for SENNA SMOOTH) - Tier 1</p> <p>senna-docusate sodium (generic for SENEXON-S) - Tier 1</p> <p>senna-plus (generic for SENEXON-S) - Tier 1</p> <p>SENOKOT S (brand for senna-s) - Tier 2</p> <p>stimulant laxative (generic for SENEXON-S) - Tier 1</p> <p>stool softener laxative oral capsule 100 mg (generic for COLACE) - Tier 1; QL</p> <p>stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL</p> <p>stool softener oral capsule 250 mg - Tier 1; QL</p> <p>stool softener plus laxative (generic for SENEXON-S) - Tier 1</p> <p>stool softener/laxative oral tablet (generic for SENEXON-S) - Tier 1</p> <p>trilyte (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL</p> <p>vegetable lax+stool softener (generic for SENEXON-S) - Tier 1</p>	
Protectants - Ulcer and Stomach Acid Drugs	
<p>CARAFATE ORAL SUSPENSION (brand for sucralfate) - Tier 2; QL</p> <p>misoprostol oral (generic for CYTOTEC) - Tier 1; QL</p> <p>sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL</p>	

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Preferred Agents	Non-Preferred Agents
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	
<p>esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; QL; AL</p> <p>heartburn treatment 24 hour (generic for PREVACID) - Tier 1; QL</p> <p>lansoprazole oral capsule delayed release (generic for PREVACID) - Tier 1; QL</p> <p>lansoprazole oral tablet delayed release dispersible (generic for PREVACID SOLUTAB) - Tier 1; QL; AL</p> <p>NEXIUM ORAL PACKET 2.5 MG, 5 MG - Tier 2; QL; AL</p> <p>omeprazole magnesium oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; QL</p> <p>omeprazole oral capsule delayed release - Tier 1; QL</p> <p>omeprazole oral tablet delayed release - Tier 1; QL</p> <p>pantoprazole sodium oral (generic for PROTONIX) - Tier 1; QL</p> <p>PREVACID 24HR (brand for heartburn treatment 24 hour) - Tier 2; QL</p>	<p>ACIPHEX (brand for rabeprazole sodium) - Tier 2; PA; QL</p> <p>DEXILANT - Tier 2; PA; QL</p> <p>esomeprazole magnesium oral capsule delayed release (generic for NEXIUM) - Tier 1; PA; QL</p> <p>NEXIUM ORAL CAPSULE DELAYED RELEASE (brand for hm esomeprazole magnesium dr) - Tier 2; PA; QL</p> <p>NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (brand for esomeprazole magnesium) - Tier 2; PA; QL; AL</p> <p>PREVACID (brand for heartburn treatment 24 hour) - Tier 2; PA; QL</p> <p>PRILOSEC - Tier 2; PA; QL</p> <p>ZEGERID (brand for omeprazole-sodium bicarbonate) - Tier 2; PA; QL</p>
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	
<p>ALDURAZYME - Tier 2; PA; SP; QL</p> <p>CERDELGA - Tier 2; PA; SP; QL</p> <p>CEREZYME - Tier 2; PA; SP; QL</p> <p>CHOLBAM - Tier 2; PA; SP; QL</p> <p>CREON - Tier 2; QL</p> <p>CYSTADANE - Tier 2; SP; QL</p> <p>CYSTAGON - Tier 2; SP; QL</p> <p>ELAPRASE - Tier 2; PA; SP; QL</p> <p>ELELYSO - Tier 2; PA; SP; QL</p> <p>FABRAZYME - Tier 2; PA; SP; QL</p> <p>KUVAN ORAL PACKET 100 MG - Tier 2; DX2RX; SP; QL</p> <p>KUVAN ORAL PACKET 500 MG - Tier 2; PA; SP; QL</p> <p>KUVAN ORAL TABLET SOLUBLE - Tier 2; DX2RX; SP; QL</p> <p>LUMIZYME - Tier 2; PA; SP; QL</p> <p>miglustat (generic for ZAVESCA) - Tier 1; PA; SP; QL</p> <p>nitisinone (generic for ORFADIN) - Tier 1; PA; SP; QL</p> <p>RAVICTI - Tier 2; PA; SP; QL</p>	<p>NITYR - Tier 2; PA; SP; QL</p> <p>ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL</p> <p>PANCREAZE - Tier 2; PA; QL</p> <p>VIOKACE - Tier 2; PA; QL</p> <p>ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL</p>

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Preferred Agents	Non-Preferred Agents
<p>sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; QL</p> <p>sodium phenylbutyrate oral tablet (generic for BUPHENYL) - Tier 1; PA; SP; QL</p> <p>STRENSIQ - Tier 2; PA; SP; QL</p> <p>SUCRAID - Tier 2; PA; SP; QL</p> <p>TEGSEDI - Tier 2; PA; SP; QL</p> <p>VPRIV - Tier 2; PA; SP; QL</p> <p>ZENPEP - Tier 2; QL</p>	
<p>Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions</p>	
<p>Antispasmodics, Urinary - Bladder Control Drugs</p>	
<p>oxybutynin chloride er (generic for DITROPAN XL) - Tier 1; QL</p> <p>oxybutynin chloride oral - Tier 1; QL</p> <p>phosphasal (generic for PHOSPHASAL) - Tier 1; QL</p> <p>tolterodine tartrate (generic for DETROL) - Tier 1; ST; QL</p> <p>tolterodine tartrate er (generic for DETROL LA) - Tier 1; ST; QL</p> <p>tropium chloride - Tier 1; QL</p> <p>uretron d/s (generic for PHOSPHASAL) - Tier 1; QL</p> <p>urin ds (generic for PHOSPHASAL) - Tier 1; QL</p> <p>utira-c (generic for PHOSPHASAL) - Tier 1; QL</p> <p>utrona-c (generic for PHOSPHASAL) - Tier 1; QL</p>	<p>DETROL (brand for tolterodine tartrate) - Tier 2; PA; ST; QL</p> <p>DETROL LA (brand for tolterodine tartrate er) - Tier 2; PA; ST; QL</p> <p>DITROPAN XL (brand for oxybutynin chloride er) - Tier 2; PA; QL</p> <p>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG (brand for darifenacin hydrobromide er) - Tier 2; PA; QL</p> <p>MYRBETRIQ - Tier 2; PA; QL</p> <p>TOVIAZ - Tier 2; PA; QL</p> <p>VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL</p>
<p>Benign Prostatic Hypertrophy Agents - Prostate Drugs</p>	
<p>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</p> <p>dutasteride oral (generic for AVODART) - Tier 1; QL</p> <p>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL</p> <p>tamsulosin hcl (generic for FLOMAX) - Tier 1; QL</p> <p>terazosin hcl - Tier 1; QL</p>	
<p>Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs</p>	

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Preferred Agents	Non-Preferred Agents
aminoacetic acid - Tier 1; QL azo tabs (generic for AZO URINARY PAIN RELIEF) - Tier 1 bethanechol chloride oral - Tier 1 ELMIRON - Tier 2; DX2RX; QL glycine urologic - Tier 1; QL penicillamine oral capsule (generic for CUPRIMINE) - Tier 1; SP; QL penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL phenazopyridine hcl oral tablet 100 mg (generic for PYRIDIUM) - Tier 1; QL phenazopyridine hcl oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL urinary pain relief (generic for AZO URINARY PAIN RELIEF) - Tier 1	CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP; QL DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	
ACTHAR - Tier 2; PA; SP; QL cortisone acetate oral - Tier 1; QL DECADRON ORAL TABLET 0.5 MG, 0.75 MG (brand for dexamethasone) - Tier 2 DECADRON ORAL TABLET 4 MG, 6 MG (brand for dexamethasone) - Tier 2; QL dexamethasone intensol - Tier 1 dexamethasone oral elixir - Tier 1; QL dexamethasone oral solution - Tier 1; QL dexamethasone oral tablet 0.5 mg, 0.75 mg (generic for DECADRON) - Tier 1 dexamethasone oral tablet 1 mg, 2 mg - Tier 1 dexamethasone oral tablet 1.5 mg - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
<p>dexamethasone oral tablet 4 mg, 6 mg (generic for DECADRON) - Tier 1; QL</p> <p>dexamethasone oral tablet therapy pack (generic for HIDEX 6-DAY) - Tier 1</p> <p>fludrocortisone acetate oral - Tier 1; QL</p> <p>HIDEX 6-DAY (brand for dexamethasone) - Tier 2</p> <p>hydrocortisone oral (generic for CORTEF) - Tier 1; QL</p> <p>KENALOG INJECTION SUSPENSION 10 MG/ML - Tier 2; QL</p> <p>MEDROL ORAL TABLET 2 MG - Tier 2</p> <p>methylprednisolone oral (generic for MEDROL) - Tier 1; QL</p> <p>prednisolone oral solution - Tier 1; QL</p> <p>prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1</p> <p>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL</p> <p>prednisone intensol - Tier 1; QL</p> <p>prednisone oral solution - Tier 1; QL</p> <p>prednisone oral tablet - Tier 1; QL</p> <p>prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL</p> <p>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</p> <p>RAYOS - Tier 2; QL</p> <p>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG - Tier 2</p> <p>TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2</p> <p>triamcinolone acetonide suspension 40 mg/ml injection (generic for KENALOG) - Tier 1; QL</p> <p>TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION - Tier 2; QL</p>	
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones</p>	
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs</p>	

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Preferred Agents	Non-Preferred Agents
DDAVP RHINAL TUBE - Tier 2; QL desmopressin ace spray refrig - Tier 1; QL desmopressin acetate oral (generic for DDAVP) - Tier 1; QL desmopressin acetate spray (generic for DDAVP) - Tier 1; QL GENOTROPIN - Tier 2; PA; SP; QL GENOTROPIN MINIQUICK - Tier 2; PA; SP; QL INCRELEX - Tier 2; PA; SP; QL NOCDURNA - Tier 2; PA; QL NORDITROPIN FLEXPRO - Tier 2; PA; SP; QL STIMATE - Tier 2; PA; SP; QL	HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG - Tier 2; PA; SP; QL novarel intramuscular solution reconstituted 10000 unit - Tier 1; PA NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT - Tier 2; PA NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP; QL NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP; QL NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP; QL OMNITROPE - Tier 2; PA; SP; QL pregnyl - Tier 1; PA SAIZEN - Tier 2; PA; SP; QL ZOMACTON - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
KORLYM - Tier 2; PA; SP; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Androgens - Hormone Replacement/Modifying Drugs	
ANDRODERM - Tier 2; PA; QL danazol oral - Tier 1; QL testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; QL testosterone enanthate intramuscular - Tier 1; QL testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL testosterone transdermal gel 12.5 mg/act (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL	

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Preferred Agents	Non-Preferred Agents
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) (generic for ANDROGEL) - Tier 1; PA; QL testosterone transdermal solution - Tier 1; PA; QL	
Estrogens - Hormone Replacement/Modifying Drugs	
afirmelle (generic for AFIRMELLE) - Tier 1; QL ALORA (brand for estradiol) - Tier 2; QL altavera (generic for ALTAVERA) - Tier 1; QL alyacen 1/35 (generic for CYCLAFEM 1/35) - Tier 1; QL alyacen 7/7/7 (generic for CYCLAFEM 7/7/7) - Tier 1; QL apri (generic for APRI) - Tier 1; QL aranelle - Tier 1; QL aubra (generic for AFIRMELLE) - Tier 1; QL aubra eq (generic for AFIRMELLE) - Tier 1; QL aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL aviane (generic for AFIRMELLE) - Tier 1; QL ayuna (generic for ALTAVERA) - Tier 1; QL azurette (generic for AZURETTE) - Tier 1; QL balziva (generic for BALZIVA) - Tier 1; QL bekyree (generic for AZURETTE) - Tier 1; QL blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL briellyn (generic for BALZIVA) - Tier 1; QL caziant - Tier 1; QL chateal (generic for ALTAVERA) - Tier 1; QL chateal eq (generic for ALTAVERA) - Tier 1; QL cryselle-28 - Tier 1; QL cyclafem 1/35 (generic for CYCLAFEM 1/35) - Tier 1; QL cyclafem 7/7/7 (generic for CYCLAFEM 7/7/7) - Tier 1; QL cyred (generic for APRI) - Tier 1; QL cyred eq (generic for APRI) - Tier 1; QL	ACTIVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL ANGELIQ - Tier 2; PA; QL CLIMARA (brand for estradiol) - Tier 2; PA; QL CLIMARA PRO - Tier 2; PA; QL COMBIPATCH - Tier 2; PA; QL DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM - Tier 2; PA; QL ESTRACE (brand for estradiol) - Tier 2; PA; QL estradiol-norethindrone acet oral tablet 1-0.5 mg (generic for MIMVEY) - Tier 1; PA; QL FEMHRT LOW DOSE (brand for norethindrone-eth estradiol) - Tier 2; PA; QL fyavolv - Tier 1; PA; QL jinteli - Tier 1; PA; QL mimvey (generic for MIMVEY) - Tier 1; PA; QL MINIVELLE (brand for estradiol) - Tier 2; PA; QL PREFEST - Tier 2; PA; QL VAGIFEM (brand for estradiol) - Tier 2; PA; QL VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL

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Preferred Agents

dasetta 1/35 (generic for CYCLAFEM 1/35) - Tier 1; QL
 dasetta 7/7/7 (generic for CYCLAFEM 7/7/7) - Tier 1; QL
 delyla (generic for AFIRMELLE) - Tier 1; QL
 DEPO-ESTRADIOL - Tier 2; QL
 desogestrel-ethinyl estradiol (generic for APRI) - Tier 1; QL
 DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM - Tier 2; QL
 dottii (generic for DOTTI) - Tier 1; QL
 DUAVEE - Tier 2; QL
 ELESTRIN - Tier 2
 elinest - Tier 1; QL
 eluryng (generic for ELURYNG) - Tier 1; QL
 emoquette (generic for APRI) - Tier 1; QL
 enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL
 enskyce (generic for APRI) - Tier 1; QL
 estarylla (generic for ESTARYLLA) - Tier 1; QL
 estradiol oral (generic for ESTRACE) - Tier 1; QL
 estradiol transdermal (generic for CLIMARA) - Tier 1; QL
 estradiol vaginal (generic for ESTRACE) - Tier 1; QL
 ESTRING - Tier 2; QL
 ESTROGEL - Tier 2; QL
 ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL
 etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL
 EVAMIST - Tier 2; QL
 falmina (generic for AFIRMELLE) - Tier 1; QL
 FEMRING - Tier 2; PA; QL
 femynor (generic for ESTARYLLA) - Tier 1; QL
 hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
 hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
 hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
 introvale (generic for INTROVALE) - Tier 1; QL
 isibloom (generic for APRI) - Tier 1; QL
 jolessa (generic for INTROVALE) - Tier 1; QL
 juleber (generic for APRI) - Tier 1; QL
 junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
 junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

june fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; QL
june fe oral tablet 1-20 mg-mcg (generic for AUROVELA FE 1/20) - Tier 1; QL
kalliga (generic for APRI) - Tier 1; QL
kariva (generic for AZURETTE) - Tier 1; QL
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL
kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL
kurvelo (generic for ALTAVERA) - Tier 1; QL
larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL
larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
larissia (generic for AFIRMELLE) - Tier 1; QL
leena - Tier 1; QL
lessina (generic for AFIRMELLE) - Tier 1; QL
levonest (generic for ENPRESSE-28) - Tier 1; QL
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for INTROVALE) - Tier 1; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; QL
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL
levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL
lillow (generic for ALTAVERA) - Tier 1; QL
low-ogestrel - Tier 1; QL
luter (generic for AFIRMELLE) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; QL
MENEST - Tier 2; QL
MENOSTAR - Tier 2; QL
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
mili (generic for ESTARYLLA) - Tier 1; QL

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Preferred Agents

mono-linyah (generic for ESTARYLLA) - Tier 1; QL
necon 0.5/35 (28) - Tier 1; QL
norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE 1/20) - Tier 1; QL
norethindrone acet-ethinyl est (generic for AUROVELA 1/20) - Tier 1; QL
norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1; QL
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg (generic for TRI FEMYNOR) - Tier 1; QL
nortrel 0.5/35 (28) - Tier 1; QL
nortrel 1/35 (21) (generic for CYCLAFEM 1/35) - Tier 1; QL
nortrel 1/35 (28) (generic for CYCLAFEM 1/35) - Tier 1; QL
nortrel 7/7/7 (generic for CYCLAFEM 7/7/7) - Tier 1; QL
orsythia (generic for AFIRMELLE) - Tier 1; QL
philith (generic for BALZIVA) - Tier 1; QL
pimtrea (generic for AZURETTE) - Tier 1; QL
pirmella 1/35 (generic for CYCLAFEM 1/35) - Tier 1; QL
pirmella 7/7/7 (generic for CYCLAFEM 7/7/7) - Tier 1; QL
portia-28 (generic for ALTAVERA) - Tier 1; QL
PREMARIN ORAL - Tier 2; QL
PREMARIN VAGINAL - Tier 2; QL
PREMPHASE - Tier 2; QL
PREMPRO - Tier 2; QL
previfem (generic for ESTARYLLA) - Tier 1; QL
reclipsen (generic for APRI) - Tier 1; QL
setlakin (generic for INTROVALE) - Tier 1; QL
simliya (generic for AZURETTE) - Tier 1; QL
sprintec 28 (generic for ESTARYLLA) - Tier 1; QL
sronyx (generic for AFIRMELLE) - Tier 1; QL
tarina fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL
tilia fe - Tier 1; QL
tri femynor (generic for TRI FEMYNOR) - Tier 1; QL
tri-estarylla (generic for TRI FEMYNOR) - Tier 1; QL
tri-legest fe - Tier 1; QL
tri-linyah (generic for TRI FEMYNOR) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p>tri-mili (generic for TRI FEMYNOR) - Tier 1; QL tri-previfem (generic for TRI FEMYNOR) - Tier 1; QL tri-sprintec (generic for TRI FEMYNOR) - Tier 1; QL trivora (28) (generic for ENPRESSE-28) - Tier 1; QL tri-vylibra (generic for TRI FEMYNOR) - Tier 1; QL velivet - Tier 1; QL vienva (generic for AFIRMELLE) - Tier 1; QL viorele (generic for AZURETTE) - Tier 1; QL volnea (generic for AZURETTE) - Tier 1; QL vyfemla (generic for BALZIVA) - Tier 1; QL vylibra (generic for ESTARYLLA) - Tier 1; QL wera - Tier 1; QL xulane - Tier 1; QL yuvaferm (generic for YUVAFEM) - Tier 1; QL zovia 1/35e (28) (generic for KELNOR 1/35) - Tier 1; QL</p>	
Progestins - Hormone Replacement/Modifying Drugs	
<p>camila (generic for CAMILA) - Tier 1; QL deblitane (generic for CAMILA) - Tier 1; QL errin (generic for CAMILA) - Tier 1; QL heather (generic for CAMILA) - Tier 1; QL incassia (generic for CAMILA) - Tier 1; QL jencycla (generic for CAMILA) - Tier 1; QL levonorgestrel (generic for PLAN B ONE-STEP) - Tier 1; QL lyza (generic for CAMILA) - Tier 1; QL MAKENA (brand for hydroxyprogesterone caproate) - Tier 2; PA; QL medroxyprogesterone acetate intramuscular suspension (generic for DEPO-PROVERA) - Tier 1; QL medroxyprogesterone acetate intramuscular suspension prefilled syringe (generic for DEPO-PROVERA) - Tier 1; QL; GE medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL megestrol acetate oral suspension 40 mg/ml - Tier 1; QL megestrol acetate oral tablet 20 mg - Tier 1 megestrol acetate oral tablet 40 mg - Tier 1; QL nora-be (generic for CAMILA) - Tier 1; QL</p>	<p>DEPO-SUBQ PROVERA 104 - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p>norethindrone acetate oral (generic for AYGESTIN) - Tier 1; QL norethindrone oral (generic for CAMILA) - Tier 1; QL norlyda (generic for CAMILA) - Tier 1; QL norlyroc (generic for CAMILA) - Tier 1; QL PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL progesterone micronized oral (generic for PROMETRIUM) - Tier 1; QL sharobel (generic for CAMILA) - Tier 1; QL tulana (generic for CAMILA) - Tier 1; QL</p>	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	
<p>raloxifene hcl (generic for EVISTA) - Tier 1; QL</p>	<p>OSPHENA - Tier 2; PA; QL</p>
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
<p>ARMOUR THYROID (brand for np thyroid) - Tier 2; QL euthyrox (generic for EUTHYROX) - Tier 1; QL levo-t (generic for EUTHYROX) - Tier 1; QL levothyroxine sodium oral (generic for EUTHYROX) - Tier 1; QL levoxyl (generic for EUTHYROX) - Tier 1; QL liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL np thyroid oral tablet 120 mg, 15 mg (generic for ARMOUR THYROID) - Tier 1; QL unithroid (generic for EUTHYROX) - Tier 1; QL</p>	
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants	

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Preferred Agents	Non-Preferred Agents
LYSODREN - Tier 2; QL	
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	
cabergoline - Tier 1; QL leuprolide acetate injection - Tier 1; PA; SP; QL LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL octreotide acetate (generic for SANDOSTATIN) - Tier 1; SP; QL ORILISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	LUPANETA PACK - Tier 2; PA; SP; QL SYNAREL - Tier 2; PA
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones	
Antithyroid Agents - Thyroid Suppressing Drugs	
methimazole oral (generic for TAPAZOLE) - Tier 1; QL propylthiouracil oral - Tier 1; QL	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	

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Preferred Agents	Non-Preferred Agents
HAEGARDA - Tier 2; PA; SP; QL icanitabant acetate (generic for FIRAZYR) - Tier 1; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL	BERINERT - Tier 2; PA; SP; QL CINRYZE - Tier 2; PA; SP; QL FIRAZYR (brand for icanitabant acetate) - Tier 2; PA; SP; QL TAKHZYRO - Tier 2; PA; SP; QL
Immune Suppressants - Immune System Drugs	
azathioprine oral (generic for IMURAN) - Tier 1; QL cyclosporine modified oral capsule 100 mg (generic for GENGRAF) - Tier 1; QL cyclosporine modified oral capsule 25 mg (generic for GENGRAF) - Tier 1 cyclosporine modified oral capsule 50 mg - Tier 1 cyclosporine modified oral solution (generic for GENGRAF) - Tier 1 cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL ENBREL SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL ENBREL SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2; PA; SP; QL everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg (generic for ZORTRESS) - Tier 1 gengraf oral capsule 100 mg (generic for GENGRAF) - Tier 1; QL gengraf oral capsule 25 mg (generic for GENGRAF) - Tier 1 gengraf oral solution (generic for GENGRAF) - Tier 1 HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT - Tier 2; PA; SP; QL methotrexate oral - Tier 1 methotrexate sodium - Tier 1 methotrexate sodium (pf) - Tier 1 mycophenolate mofetil oral capsule (generic for CELLCEPT) - Tier 1; QL	CIMZIA - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL OLUMIANT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL OTREXUP - Tier 2; PA; QL RASUVO - Tier 2; PA; QL SIMPONI - Tier 2; PA; SP; QL SKYRIZI (150 MG DOSE) - Tier 2; PA; SP; QL STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
<p>mycophenolate mofetil oral suspension reconstituted (generic for CELLCEPT) - Tier 1; QL mycophenolate mofetil oral tablet (generic for CELLCEPT) - Tier 1 mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL SANDIMMUNE ORAL SOLUTION - Tier 2 sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1 tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1 tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL TREXALL - Tier 2 XELJANZ - Tier 2; SP; QL ZORTRESS ORAL TABLET 1 MG - Tier 2</p>	
<p>Immunizing Agents, Passive - Immune System Drugs</p>	
<p>BIVIGAM - Tier 2; PA; SP; QL FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML - Tier 2; PA; SP; QL FLEBOGAMMA DIF SOLUTION 10 GM/100ML INTRAVENOUS - Tier 2; PA; SP; QL FLEBOGAMMA DIF SOLUTION 20 GM/200ML INTRAVENOUS - Tier 2; PA; SP; QL FLEBOGAMMA DIF SOLUTION 20 GM/400ML INTRAVENOUS - Tier 2; PA; SP; QL FLEBOGAMMA DIF SOLUTION 5 GM/50ML INTRAVENOUS - Tier 2; PA; SP; QL GAMASTAN - Tier 2; PA; SP; QL GAMMAGARD - Tier 2; PA; SP; QL GAMMAGARD S/D LESS IGA - Tier 2; PA; SP; QL GAMMAKED INJECTION SOLUTION 1 GM/10ML - Tier 2; PA; SP; QL GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML - Tier 2; PA; SP; QL GAMUNEX-C - Tier 2; PA; SP; QL HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS - Tier 2; PA; SP; QL</p>	

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Preferred Agents	Non-Preferred Agents
HIZENTRA SOLUTION 2 GM/10ML SUBCUTANEOUS - Tier 2; PA; SP; QL HIZENTRA SOLUTION 4 GM/20ML SUBCUTANEOUS - Tier 2; PA; SP; QL OCTAGAM INTRAVENOUS SOLUTION 10 GM/200ML - Tier 2; PA; SP; QL	
Immunomodulators - Immune System Drugs	
ACTIMMUNE - Tier 2; PA; SP; QL leflunomide oral (generic for ARAVA) - Tier 1; QL OTEZLA - Tier 2; SP; QL SYNAGIS - Tier 2; PA; SP; QL XOLAIR - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL
Vaccines	
ADACEL - Tier 2; QL BEXSERO - Tier 2; QL BOOSTRIX - Tier 2; QL DAPTACEL - Tier 2; QL DIPHTHERIA-TETANUS TOXOIDS DT - Tier 2; QL ENGERIX-B - Tier 2; QL GARDASIL 9 - Tier 2; QL HAVRIX - Tier 2; QL HEPLISAV-B - Tier 2; QL; AL HYPERTET S/D - Tier 2; QL INFANRIX - Tier 2; QL MENACTRA - Tier 2; QL MENVEO - Tier 2; QL M-M-R II - Tier 2; QL PNEUMOVAX 23 - Tier 2; QL PREVNAR 13 - Tier 2; QL RECOMBIVAX HB - Tier 2; QL SHINGRIX - Tier 2; QL; AL TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
TENIVAC - Tier 2; QL TETANUS-DIPHThERIA TOXOIDS TD - Tier 2; QL TRUMENBA - Tier 2 TWINRIX - Tier 2; QL VAQTA - Tier 2; QL VARIVAX - Tier 2; QL	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
Aminosalicylates - Inflammatory Bowel Disease Drugs	
balsalazide disodium (generic for COLAZAL) - Tier 1; QL mesalamine oral capsule delayed release (generic for DELZICOL) - Tier 1; QL mesalamine oral tablet delayed release 800 mg (generic for ASACOL HD) - Tier 1; QL mesalamine rectal (generic for CANASA) - Tier 1; QL PENTASA - Tier 2; QL SFROWASA - Tier 2; QL	APRISO (brand for mesalamine er) - Tier 2; PA; QL ASACOL HD (brand for mesalamine) - Tier 2; PA; QL COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL DELZICOL (brand for mesalamine) - Tier 2; PA; QL DIPENTUM - Tier 2; PA; QL LIALDA (brand for mesalamine) - Tier 2; PA; QL
Glucocorticoids - Drugs to Treat Inflammation	
budesonide oral (generic for ENTOCORT EC) - Tier 1; QL CORTIFOAM - Tier 2; QL hydrocortisone (perianal) (generic for PROCTO-PAK) - Tier 1; QL hydrocortisone rectal (generic for CORTENEMA) - Tier 1; QL PROCTOFOAM HC - Tier 2 procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL procto-pak (generic for PROCTO-PAK) - Tier 1; QL proctosol hc (generic for PROCTO-MED HC) - Tier 1; QL proctozone-hc (generic for PROCTO-MED HC) - Tier 1; QL	
Sulfonamides - Antibiotics	
sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions	
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	
alendronate sodium - Tier 1; QL calcitonin (salmon) (generic for MIACALCIN) - Tier 1; QL cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL ibandronate sodium oral (generic for BONIVA) - Tier 1; QL	ATELVIA (brand for risedronate sodium) - Tier 2; PA; QL BINOSTO - Tier 2; PA; QL FORTEO - Tier 2; PA; SP; QL TYMLOS - Tier 2; PA; SP; QL
Metabolic Bone Disease Agents - Other	
calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL calcitriol oral solution (generic for ROCALTROL) - Tier 1; QL; AL	
Miscellaneous Therapeutic Agents	
ACCU-CHEK AVIVA IN VITRO (brand for element compact control 2) - Tier 2; QL ACCU-CHEK COMPACT PLUS CONTROL (brand for element compact control 2) - Tier 2; QL ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL ACCU-CHEK MULTICLIX LANCETS (brand for tgt lancet thin 26g) - Tier 2; QL ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL ADULT AEROSOL MASK - Tier 2; QL AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; QL ALCOHOL PREP PADS PAD - Tier 2; QL ALCOHOL PREP PADS PAD 70 % - Tier 2; QL AXONA (brand for pro-critic) - Tier 2 BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL	ACCU-CHEK AVIVA CONNECT (brand for blood glucose system pak) - Tier 2; PA; QL ACCU-CHEK AVIVA PLUS KIT W/DEVICE (brand for blood glucose system pak) - Tier 2; PA; QL ACCU-CHEK COMPACT PLUS (brand for liberty test) - Tier 2; PA; QL ACCU-CHEK COMPACT PLUS CARE - Tier 2; PA; QL ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL ACCU-CHEK GUIDE KIT W/DEVICE (brand for blood glucose system pak) - Tier 2; PA; QL ACCU-CHEK MULTICLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL ACCU-CHEK MULTICLIX LANCETS (brand for tgt lancet thin 26g) - Tier 2; PA; QL ACCU-CHEK NANO SMARTVIEW (brand for blood glucose system pak) - Tier 2; PA; QL ACCU-CHEK SMARTVIEW (brand for liberty test) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL BD ULTRA-FINE PEN NEEDLES (brand for sure comfort pen needles) - Tier 2; QL BREATHE EASE HUMIDIFIER - Tier 2; QL BREATHE EASE NEB MASK/CHILD - Tier 2; QL BREATHE EASE NEB MASK/INFANT - Tier 2; QL CARETOUCH 2 CPAP HOSE HANGER (brand for replacement filters) - Tier 2; QL CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL CARETOUCH CPAP & BIPAP HOSE (brand for replacement filters) - Tier 2; QL CARETOUCH CPAP MASK WIPES (brand for replacement filters) - Tier 2; QL CARETOUCH CPAP PRE-WASH SOLN (brand for replacement filters) - Tier 2; QL CARETOUCH CPAP TUBE BRUSH (brand for replacement filters) - Tier 2; QL CARETOUCH UNIVERSL CPAP FILTER (brand for replacement filters) - Tier 2; QL CAYA - Tier 2; QL CHEMSTRIP UGK - Tier 2; QL CONDOMS - Tier 2; QL DESENEX EXTERNAL POWDER (brand for athletes foot) - Tier 2; QL EASIVENT (brand for breathe ease large) - Tier 2; QL EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL EASYMAX CONTROL NORMAL/HIGH (brand for element compact control 2) - Tier 2; QL enteric fish oil - Tier 1 INSPIREASE RESERVOIR BAGS - Tier 2; QL KETONE TEST - Tier 2; QL KETOSTIX (brand for ketone test) - Tier 2; QL LANCETS (brand for tgt lancet thin 26g) - Tier 2; QL L-ISOLEUCINE - Tier 2	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL CONTOUR NEXT TEST (brand for liberty test) - Tier 2; PA; QL CONTOUR TEST (brand for liberty test) - Tier 2; PA; QL DUROLANE - Tier 2; PA FREESTYLE PRECISION NEO TEST (brand for liberty test) - Tier 2; PA; QL GELSYN-3 - Tier 2; PA HYMOVIS - Tier 2; PA JIVI - Tier 2; PA; SP; QL NOVOFINE AUTOCOVER PEN NEEDLE (brand for pen needles 5/16") - Tier 2; PA; QL NOVOFINE PEN NEEDLE (brand for sure comfort pen needles) - Tier 2; PA; QL NOVOFINE PLUS PEN NEEDLE (brand for preferred plus unifine pentips) - Tier 2; PA; QL NOVOTWIST PEN NEEDLE (brand for pro comfort pen needles) - Tier 2; PA; QL ONETOUCH VERIO REFLECT (brand for blood glucose system pak) - Tier 2; PA; QL PRECISION LINK (brand for blood glucose system pak) - Tier 2; PA; QL PRECISION PCX PLUS TEST (brand for liberty test) - Tier 2; PA; QL PRECISION QID MONITOR (brand for liberty blood glucose meter) - Tier 2; PA; QL PRECISION QID TEST (brand for liberty test) - Tier 2; PA; QL PRECISION SOF-TACT MONITOR (brand for liberty blood glucose meter) - Tier 2; PA; QL PRECISION SOF-TACT TEST (brand for liberty test) - Tier 2; PA; QL PRECISION XTRA BLOOD GLUCOSE (brand for liberty test) - Tier 2; PA; QL PRECISION XTRA DEVICE (brand for liberty blood glucose meter) - Tier 2; PA; QL PRECISION XTRA MONITOR (brand for liberty blood glucose meter) - Tier 2; PA; QL TRUETRACK TEST (brand for liberty test) - Tier 2; PA; QL

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Preferred Agents

LOTRIMIN AF EXTERNAL POWDER (brand for athletes foot) - Tier 2; QL
 MASK VORTEX - Tier 2; QL
 methergine (generic for METHERGINE) - Tier 1; QL
 methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL
 NEODOT THERMOMETER - Tier 2; QL
 NOVOEIGHT - Tier 2; PA; SP; QL
 odorless coated fish oil - Tier 1
 ONETOUCH ULTRA (brand for liberty test) - Tier 2; QL
 ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose system pak) - Tier 2; QL
 ONETOUCH ULTRA MINI KIT W/DEVICE (brand for blood glucose system pak) - Tier 2; QL
 ONETOUCH VERIO KIT W/DEVICE (brand for blood glucose system pak) - Tier 2; QL
 ONETOUCH VERIO FLEX SYSTEM (brand for blood glucose system pak) - Tier 2; QL
 ONETOUCH VERIO TEST STRIPS (brand for liberty test) - Tier 2; QL
 ONETOUCH VERIO IQ SYSTEM (brand for blood glucose system pak) - Tier 2; QL
 ONETOUCH VERIO SYNC SYSTEM (brand for blood glucose system pak) - Tier 2; QL
 PARI ALTERA NEBULIZER HANDSET (brand for replacement filters) - Tier 2; QL
 PARI VORTEX ADULT MASK (brand for replacement filters) - Tier 2; QL
 PREMIUM CONDOMS LUBRICATED - Tier 2; QL
 PRONEB ULTRA FILTER SET (brand for replacement filters) - Tier 2; QL
 RUZURGI - Tier 2; PA; SP; QL
 SSKI - Tier 2; QL
 THERAMINE PLUS (brand for pro-critic) - Tier 2
 tolnaftate external powder (generic for ODOR EATERS ANTIFUNGAL) - Tier 1
 VISTOGARD - Tier 2; QL
 VORTEX HOLDING CHAMBER/MASK (brand for co monitor) - Tier 2

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p>WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL ZEASORB-AF (brand for athletes foot) - Tier 2; QL</p>	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
<p>ak-poly-bac (generic for POLYCIN) - Tier 1; QL altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1 altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL altafrin (generic for ALTAFRIN) - Tier 1 artificial tears ophthalmic solution 1.4 % - Tier 1 atropine sulfate ophthalmic ointment - Tier 1 atropine sulfate ophthalmic solution 1 % (generic for ISOPTO ATROPINE) - Tier 1; QL bacitracin-polymyxin b ophthalmic (generic for POLYCIN) - Tier 1; QL bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL cvs lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL cyclopentolate hcl ophthalmic solution 0.5 %, 2 % (generic for CYCLOGYL) - Tier 1 cyclopentolate hcl ophthalmic solution 1 % (generic for CYCLOGYL) - Tier 1; QL CYSTARAN - Tier 2; DX2RX; SP; QL GENTEAL TEARS NIGHT-TIME (brand for for sty relief) - Tier 2; QL GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.3 % (brand for tears pure) - Tier 2 ISOPTO ATROPINE (brand for atropine sulfate) - Tier 2; QL</p>	<p>CEQUA - Tier 2; PA; QL LASTACAPT - Tier 2; PA RESTASIS MULTIDOSE - Tier 2; PA; QL RHOPRESSA - Tier 2; PA; QL XIIDRA - Tier 2; PA; QL</p>

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Preferred Agents

lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubricant pm (generic for PURALUBE) - Tier 1; QL
lubricating eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1
MURO 128 OPHTHALMIC OINTMENT (brand for sodium chloride (hypertonic)) - Tier 2
MURO 128 OPHTHALMIC SOLUTION 5 % (brand for ra ophthalmic) - Tier 2; QL
neomycin-bacitracin zn-polymyx (generic for NEO-POLYCIN) - Tier 1
neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL
neomycin-polymyxin-gramicidin - Tier 1; QL
neomycin-polymyxin-hc ophthalmic - Tier 1; QL
neo-polycin (generic for NEO-POLYCIN) - Tier 1
neo-polycin hc (generic for NEO-POLYCIN HC) - Tier 1; QL
phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1
polycin (generic for POLYCIN) - Tier 1; QL
polymyxin b-trimethoprim (generic for POLYTRIM) - Tier 1; QL
PRED-G S.O.P. - Tier 2
puralube (generic for PURALUBE) - Tier 1; QL
RESTASIS - Tier 2; PA; QL
sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL
sulfacetamide-prednisolone ophthalmic solution - Tier 1
SYSTANE COMPLETE (brand for cvs lubricant eye drops) - Tier 2; QL
SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
TOBRADEX OPHTHALMIC OINTMENT - Tier 2; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
TOBRADEX ST - Tier 2; QL tobramycin-dexamethasone (generic for TOBRADEX) - Tier 1; QL ultra fresh pm - Tier 1; QL ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL	
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	
azelastine hcl ophthalmic - Tier 1; ST cromolyn sodium ophthalmic - Tier 1; QL	BEPREVE - Tier 2; PA; QL OPTIVAR OPHTHALMIC SOLUTION 0.05 % (brand for azelastine hcl) - Tier 2; PA; ST PAZEO - Tier 2; PA; QL
Ophthalmic Antibiotics - Drugs to treat Eye Infections	
bacitracin ophthalmic - Tier 1; QL ciprofloxacin hcl ophthalmic (generic for CILOXAN) - Tier 1; QL erythromycin ophthalmic - Tier 1; QL gentak - Tier 1; QL gentamicin sulfate ophthalmic - Tier 1; QL ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL tobramycin ophthalmic (generic for TOBREX) - Tier 1; QL	AZASITE - Tier 2; PA; QL BESIVANCE - Tier 2; PA; QL CILOXAN (brand for ciprofloxacin hcl) - Tier 2; PA; QL ZYMAXID (brand for gatifloxacin) - Tier 2; PA; QL
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	
acetazolamide er - Tier 1; QL acetazolamide oral - Tier 1; QL apraclonidine hcl - Tier 1; QL AZOPT - Tier 2; PA; QL betaxolol hcl ophthalmic - Tier 1; QL BETOPTIC-S - Tier 2; QL brimonidine tartrate ophthalmic - Tier 1; QL carteolol hcl - Tier 1; QL DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL dorzolamide hcl solution 2 % ophthalmic (generic for TRUSOPT) - Tier 1; QL	ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL BETIMOL - Tier 2; PA; QL COMBIGAN - Tier 2; PA; QL COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA; QL ISTALOL (brand for timolol maleate) - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL TIMOPTIC (brand for timolol maleate) - Tier 2; PA; QL TIMOPTIC-XE (brand for timolol maleate) - Tier 2; PA; QL TRUSOPT (brand for dorzolamide hcl) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL dorzolamide hcl-timolol mal pf (generic for COSOPT PF) - Tier 1; QL levobunolol hcl - Tier 1; QL PHOSPHOLINE IODIDE - Tier 2 pilocarpine hcl ophthalmic (generic for ISOPTO CARPINE) - Tier 1; QL timolol maleate ophthalmic solution 0.25 %, 0.5 % (generic for TIMOPTIC) - Tier 1; QL</p>	
<p>Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs</p>	
<p>ACUVAIL - Tier 2; QL dexamethasone sodium phosphate ophthalmic - Tier 1 diclofenac sodium ophthalmic - Tier 1; QL eye itch relief (generic for ZADITOR) - Tier 1; QL fluorometholone (generic for FML LIQUIFILM) - Tier 1; QL flurbiprofen sodium - Tier 1; QL FML - Tier 2 ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1 ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL MAXIDEX - Tier 2 prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL prednisolone acetate p-f (generic for PRED FORTE) - Tier 1; QL prednisolone sodium phosphate ophthalmic - Tier 1 ZADITOR (brand for ra eye itch relief) - Tier 2; QL</p>	<p>ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA ILEVRO - Tier 2; PA; QL NEVANAC - Tier 2; PA; QL PROLENSA - Tier 2; PA; QL</p>
<p>Ophthalmic Prostaglandin and Prostanoid Analogs - Glaucoma Drugs</p>	
<p>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL travoprost (bak free) (generic for TRAVATAN Z) - Tier 1; PA; QL ZIOPTAN - Tier 2; PA; QL</p>	<p>LUMIGAN - Tier 2; PA; QL TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL XALATAN (brand for latanoprost) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
Otic Agents - Drugs to Treat Ear Conditions	
ciprofloxacin hcl otic (generic for CETRAXAL) - Tier 1; QL	CETRAXAL (brand for ciprofloxacin hcl) - Tier 2; PA; QL OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL
Otic Agents - Drugs for the Ear	
acetic acid otic - Tier 1; QL ciprofloxacin-dexamethasone (generic for CIPRODEX) - Tier 1; QL hydrocortisone-acetic acid (generic for ACETASOL HC) - Tier 1; QL neomycin-polymyxin-hc otic - Tier 1; QL	CIPRO HC - Tier 2; PA; QL CIPRODEX (brand for ciprofloxacin-dexamethasone) - Tier 2; PA; QL
Respiratory Tract Agents	
Respiratory Tract Agents, Other	
DUAKLIR PRESSAIR - Tier 2; QL	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
Antihistamines - Allergy Drugs	
chlorpheniramine maleate er (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL	
Antihistamines - Drugs to Treat Allergies	
24hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL allergy 24hour indoor/outdoor (generic for WAL-ZYR) - Tier 1; QL allergy 24-hr (generic for ALLEGRA ALLERGY) - Tier 1; QL allergy childrens (generic for BANOPHEN) - Tier 1; QL allergy relief cetirizine (generic for WAL-ZYR) - Tier 1; QL allergy relief childrens oral liquid (generic for BANOPHEN) - Tier 1; QL allergy relief oral capsule 10 mg (generic for WAL-ZYR) - Tier 1 allergy relief oral tablet 10 mg (generic for CLARITIN) - Tier 1; QL	

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Preferred Agents

Non-Preferred Agents

allergy relief oral tablet 180 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL
 allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
 allergy relief oral tablet 4 mg (generic for CHLOR-TRIMETON) - Tier 1; QL
 allergy relief oral tablet dispersible (generic for CLARITIN REDITABS) - Tier 1; QL
 allergy relief/indoor/outdoor (generic for WAL-ZYR) - Tier 1; QL
 aurodryl allergy childrens (generic for BANOPHEN) - Tier 1; QL
 azelastine hcl nasal - Tier 1; QL
 banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL
 banophen oral tablet (generic for BANOPHEN) - Tier 1; QL
 brompheniramine tannate - Tier 1; QL
 carbinoxamine maleate - Tier 1; QL
 cetirizine hcl childrens oral tablet chewable 5 mg (generic for WAL-ZYR CHILDRENS) - Tier 1; QL
 cetirizine hcl oral solution (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL
 cetirizine hcl oral tablet (generic for WAL-ZYR) - Tier 1; QL
 cetirizine hcl oral tablet chewable 10 mg (generic for WAL-ZYR CHILDRENS) - Tier 1; QL
 CHLOR-TRIMETON ORAL TABLET (brand for chlorhist) - Tier 2; QL
 CLARITIN ORAL TABLET (brand for sm loratadine) - Tier 2; QL
 CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (brand for qc allergy relief) - Tier 2; QL
 clemastine fumarate oral tablet 2.68 mg - Tier 1; QL
 cyproheptadine hcl oral - Tier 1; QL
 dayhist allergy 12 hour relief - Tier 1; QL
 desloratadine oral tablet (generic for CLARINEX) - Tier 1; QL
 desloratadine oral tablet dispersible 5 mg - Tier 1; QL
 dexchlorpheniramine maleate oral (generic for RYCLORA) - Tier 1; QL
 DICOPANOL FUSEPAQ - Tier 2
 DICOPANOL RAPIDPAQ - Tier 2
 diphen oral elixir - Tier 1; QL
 diphenhydramine hcl injection - Tier 1; QL
 diphenhydramine hcl oral capsule (generic for BANOPHEN) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p>diphenhydramine hcl oral elixir - Tier 1; QL diphenhydramine hcl oral liquid 12.5 mg/5ml (generic for BANOPHEN) - Tier 1; QL diphenhydramine hcl oral tablet (generic for BANOPHEN) - Tier 1; QL fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL geri-dryl oral liquid (generic for BANOPHEN) - Tier 1; QL hm loratadine (generic for CLARITIN) - Tier 1; QL hydroxyzine pamoate oral - Tier 1; QL KARBINAL ER - Tier 2; QL levocetirizine dihydrochloride oral solution (generic for XYZAL ALLERGY 24HR CHILDRENS) - Tier 1 levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL loratadine oral syrup (generic for CLARITIN) - Tier 1; QL loratadine oral tablet (generic for CLARITIN) - Tier 1; QL m-dryl (generic for BANOPHEN) - Tier 1; QL olopatadine hcl nasal (generic for PATANASE) - Tier 1; QL promethazine hcl injection (generic for PHENERGAN) - Tier 1; QL promethazine hcl oral - Tier 1; QL promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL promethegan - Tier 1; QL ryvent (generic for RYVENT) - Tier 1; QL triprolidine hcl oral liquid 0.313 mg/ml (generic for VANACLEAR PD) - Tier 1; QL triprolidine hcl oral liquid 0.625 mg/ml - Tier 1 triprolidine hcl oral liquid 0.938 mg/ml (generic for HISTEX PD) - Tier 1 triprolidine hcl oral liquid 2.5 mg/5ml - Tier 1; QL wal-zyr oral tablet (generic for WAL-ZYR) - Tier 1; QL ZYRTEC ALLERGY ORAL TABLET (brand for gnp all day allergy) - Tier 2; QL</p>	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs	
<p>ALVESCO - Tier 2; QL ARNUITY ELLIPTA - Tier 2; QL ASMANEX (120 METERED DOSES) - Tier 2; QL</p>	

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Preferred Agents	Non-Preferred Agents
<p> ASMANEX (14 METERED DOSES) - Tier 2; QL ASMANEX (30 METERED DOSES) - Tier 2; QL ASMANEX (60 METERED DOSES) - Tier 2; QL ASMANEX (7 METERED DOSES) - Tier 2; QL ASMANEX HFA - Tier 2; QL BECONASE AQ - Tier 2; QL budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (generic for PULMICORT) - Tier 1; QL; AL DERMACINRX TICANASE PAK - Tier 2; QL FLOVENT DISKUS - Tier 2; QL FLOVENT HFA - Tier 2; QL flunisolide nasal - Tier 1; QL fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL mometasone furoate nasal (generic for NASONEX) - Tier 1; QL NASACORT ALLERGY 24HR (brand for cvs nasal allergy spray) - Tier 2; QL OMNARIS - Tier 2; QL PULMICORT FLEXHALER - Tier 2; QL QNASL - Tier 2; QL QNASL CHILDRENS - Tier 2; QL QVAR REDHALER - Tier 2; QL XHANCE - Tier 2; QL ZETONNA - Tier 2; QL </p>	
Antileukotrienes - Asthma/Lung Drugs	
<p> montelukast sodium oral packet (generic for SINGULAIR) - Tier 1; QL; AL montelukast sodium oral tablet (generic for SINGULAIR) - Tier 1; QL montelukast sodium oral tablet chewable (generic for SINGULAIR) - Tier 1; QL </p>	
Bronchodilators, Anticholinergic - Asthma/Lung Drugs	
<p> ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL </p>	

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Preferred Agents	Non-Preferred Agents
ipratropium bromide inhalation - Tier 1; QL ipratropium bromide nasal - Tier 1; QL LONHALA MAGNAIR REFILL KIT - Tier 2; QL LONHALA MAGNAIR STARTER KIT - Tier 2; QL SEEBRI NEOHALER - Tier 2; QL SPIRIVA HANDIHALER - Tier 2; QL SPIRIVA RESPIMAT - Tier 2; QL TUDORZA PRESSAIR - Tier 2; QL YUPELRI - Tier 2; QL	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs	
albuterol sulfate er - Tier 1 albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for PROAIR HFA) - Tier 1; QL ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION - Tier 2; QL albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml - Tier 1; QL ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL albuterol sulfate oral syrup - Tier 1; QL albuterol sulfate oral tablet 2 mg - Tier 1 albuterol sulfate oral tablet 4 mg - Tier 1; QL ARCAPTA NEOHALER - Tier 2; QL BROVANA - Tier 2; QL epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic for EPIPEN JR 2-PAK) - Tier 1; QL epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic for AUVI-Q) - Tier 1; QL levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml (generic for XOPENEX) - Tier 1; QL; AL levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml (generic for XOPENEX CONCENTRATE) - Tier 1; QL	AUVI-Q (brand for epinephrine) - Tier 2; PA; QL EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL SYMJEPi - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT - Tier 2; QL</p> <p>metaproterenol sulfate oral - Tier 1; QL</p> <p>PERFOROMIST - Tier 2; QL</p> <p>PROAIR DIGIHALER - Tier 2; QL</p> <p>PROAIR HFA (brand for albuterol sulfate hfa) - Tier 2; QL</p> <p>PROAIR RESPICLICK - Tier 2; QL</p> <p>PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; QL</p> <p>SEREVENT DISKUS - Tier 2; PA; QL</p> <p>STRIVERDI RESPIMAT - Tier 2; QL</p> <p>terbutaline sulfate injection - Tier 1; QL</p> <p>terbutaline sulfate oral - Tier 1; QL</p> <p>VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; QL</p> <p>XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; QL</p>	
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
<p>BETHKIS - Tier 2; PA; SP; QL</p> <p>CAYSTON - Tier 2; SP; QL</p> <p>KALYDECO - Tier 2; PA; SP; QL</p> <p>KITABIS PAK (brand for tobramycin) - Tier 2; PA; SP; QL</p> <p>ORKAMBI - Tier 2; PA; SP; QL</p> <p>SYMDEKO - Tier 2; PA; SP; QL</p> <p>TOBI PODHALER - Tier 2; SP; QL</p> <p>tobramycin nebulization solution 300 mg/5ml inhalation (generic for KITABIS PAK) - Tier 1; SP; QL</p> <p>TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION - Tier 2; SP; QL</p>	<p>TOBI NEBULIZER (brand for tobramycin) - Tier 2; PA; SP; QL</p>
Mast Cell Stabilizers - Drugs for the Lungs	
<p>cromolyn sodium inhalation - Tier 1; QL</p>	
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	

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Preferred Agents	Non-Preferred Agents
DALIRESP - Tier 2; QL ELIXOPHYLLIN - Tier 2; QL THEO-24 - Tier 2; QL theophylline - Tier 1; QL theophylline er - Tier 1; QL	
Pulmonary Antihypertensives - Asthma/Lung Drugs	
ADCIRCA (brand for tadalafil (pah)) - Tier 2; PA; SP; QL LETAIRIS (brand for ambrisentan) - Tier 2; DX2RX; SP; QL REVATIO ORAL SUSPENSION RECONSTITUTED (brand for sildenafil citrate) - Tier 2; SP; QL; AL sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL TRACLEER 62.5 MG, 125 MG (brand for bosentan) - Tier 2; DX2RX; SP; QL TRACLEER 32 MG - Tier 2; PA; SP; QL; AL	OPSUMIT - Tier 2; PA; SP; QL
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	
ESBRIET - Tier 2; PA; SP; QL OFEV - Tier 2; PA; SP; QL	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
12 hour allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL 12 hour nasal decongestant nasal (generic for AFRIN 12 HOUR) - Tier 1 12hr allergy & congestion (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL acetylcysteine inhalation - Tier 1 ADRENALIN NASAL (brand for epinephrine hcl (nasal)) - Tier 2 ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; ST; QL ADVAIR HFA - Tier 2; QL AIRDUO RESPICLICK 113/14 (brand for fluticasone-salmeterol) - Tier 2; QL	

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Preferred Agents

AIRDUO RESPICLICK 232/14 (brand for fluticasone-salmeterol) - Tier 2; QL
 AIRDUO RESPICLICK 55/14 (brand for fluticasone-salmeterol) - Tier 2; QL
 all day allergy d (generic for KLS ALLER-TEC D) - Tier 1; QL
 all day allergy d-12 (generic for KLS ALLER-TEC D) - Tier 1; QL
 allergy relief d-12 (generic for CLARITIN-D 12 HOUR) - Tier 1
 allergy relief/nasal decongest oral tablet extended release 12 hour (generic for KLS ALLER-TEC D) - Tier 1; QL
 allergy relief-d oral tablet extended release 12 hour (generic for CLARITIN-D 12 HOUR) - Tier 1
 ALZAIR ALLERGY NASAL SPRAY - Tier 2; QL
 ANORO ELLIPTA - Tier 2; QL
 antihistamine & nasal deconges (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL
 azelastine-fluticasone (generic for DYMISTA) - Tier 1; QL
 benzonatate oral capsule 100 mg (generic for TESSALON PERLES) - Tier 1; QL
 benzonatate oral capsule 150 mg - Tier 1
 benzonatate oral capsule 200 mg - Tier 1; QL
 BEVESPI AEROSPHERE - Tier 2; QL
 BREO ELLIPTA - Tier 2; QL
 bromfed dm (generic for BROMFED DM) - Tier 1; QL
 CLARINEX-D 12 HOUR - Tier 2
 CLARITIN-D 12 HOUR (brand for allergy/congestion relief) - Tier 2
 cold & flu relief daytime (generic for ALKA-SELTZER PLS SINUS & COUGH) - Tier 1
 cold/flu daytime relief (generic for ALKA-SELTZER PLS SINUS & COUGH) - Tier 1
 COMBIVENT RESPIMAT - Tier 2; QL
 cough dm (generic for ROBITUSSIN 12 HOUR COUGH CHILD) - Tier 1; QL
 cough/chest congestion dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL
 daytime cold & flu relief oral capsule (generic for ALKA-SELTZER PLS SINUS & COUGH) - Tier 1

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

daytime cold/flu relief oral capsule (generic for ALKA-SELTZER PLS SINUS & COUGH) - Tier 1
 DERMACINRX AZENASE PAK - Tier 2; QL
 dimaphen dm cold/cough - Tier 1; QL
 DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT - Tier 2; ST; QL
 DULERA INHALATION AEROSOL 50-5 MCG/ACT - Tier 2; PA; QL
 FASENRA PEN - Tier 2; PA; SP; QL
 fexofenadine-pseudoephed er oral tablet extended release 12 hour (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL
 FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL
 GILPHEX TR - Tier 2
 GILTUSS TR - Tier 2
 goodsense tussin dm max (generic for ROBITUSSIN COUGH+CHEST CONG DM) - Tier 1
 guaiatussin ac - Tier 1; QL; AL
 guaifenesin ac - Tier 1; QL; AL
 guaifenesin oral tablet 400 mg (generic for BIDEX) - Tier 1
 guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL
 hm adult tussin cough & chest (generic for ROBITUSSIN COUGH+CHEST CONG DM) - Tier 1
 hydrocodone polst-cpm polst er - Tier 1; QL; AL
 hydrocodone-homatropine - Tier 1; QL; AL
 hydromet - Tier 1; QL; AL
 HYPERSAL (brand for sodium chloride) - Tier 2
 ipratropium-albuterol - Tier 1; QL
 loratadine-d 12hr (generic for CLARITIN-D 12 HOUR) - Tier 1
 loratadine-d 24hr (generic for CLARITIN-D 24 HOUR) - Tier 1
 maxi-tuss ac - Tier 1; QL; AL
 maxi-tuss gmx (generic for DIABETIC TUSSIN MAX ST) - Tier 1
 maxi-tuss pe max - Tier 1
 MUCINEX DM (brand for mucus dm) - Tier 2; QL
 mucus dm (generic for MUCINEX DM) - Tier 1; QL

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Preferred Agents

mucus relief d oral tablet extended release 12 hour (generic for MUCINEX D) - Tier 1; AL
mucus relief dm oral liquid (generic for ROBITUSSIN COUGH+CHEST CONG DM) - Tier 1
mucus relief max st (generic for EQ MUCUS ER) - Tier 1; QL
mucus-d (generic for MUCINEX D) - Tier 1; AL
mucus-er max (generic for EQ MUCUS ER) - Tier 1; QL
nasal decongestant (generic for SUDOGEST) - Tier 1; QL
nasal decongestant pe (generic for SUDOGEST PE) - Tier 1
nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
nasal spray 12 hour (generic for AFRIN 12 HOUR) - Tier 1
nasal spray no drip (generic for AFRIN 12 HOUR) - Tier 1
nebulal inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % - Tier 2
NEO-SYNEPHRINE COLD/ALLRG MILD - Tier 2
NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nose drops) - Tier 2
NEO-SYNEPHRINE COLD/ALLRGY REG - Tier 2
NEOTUSS PLUS - Tier 2
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL
promethazine-codeine - Tier 1; QL; AL
promethazine-dm - Tier 1; QL
promethazine-phenyleph-codeine - Tier 1; QL; AL
promethazine-phenylephrine - Tier 1; QL
pseudoephedrine hcl er (generic for SHOPKO NASAL DECONGESTANT) - Tier 1
pseudoephedrine-bromphen-dm oral syrup (generic for BROMFED DM) - Tier 1; QL
pseudoephedrine-guaifenesin er (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
pulmosal (generic for PULMOSAL) - Tier 1

Non-Preferred Agents

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Preferred Agents

PULMOZYME - Tier 2; DX2RX; SP; QL
 ribavirin inhalation (generic for VIRAZOLE) - Tier 1
 robafen (generic for DIABETIC TUSSIN EX) - Tier 1
 ROBITUSSIN 12 HOUR COUGH CHILD (brand for ra cough dm) - Tier 2; QL
 ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for eq cough childrens) - Tier 2
 SEMPREX-D - Tier 2
 sinus 12 hour (generic for SHOPKO NASAL DECONGESTANT) - Tier 1
 SINUVA - Tier 2; QL
 sodium chloride inhalation nebulization solution 0.9 % - Tier 1; QL
 sodium chloride inhalation nebulization solution 10 % - Tier 1
 sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1
 sodium chloride inhalation nebulization solution 7 % (generic for PULMOSAL) - Tier 1
 STIOLTO RESPIMAT - Tier 2; QL
 SUDAFED CONGESTION (brand for genaphed) - Tier 2; QL
 sudogest 12 hour (generic for SHOPKO NASAL DECONGESTANT) - Tier 1
 sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL
 sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
 sudogest pe (generic for SUDOGEST PE) - Tier 1
 SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; ST; QL
 TRELEGY ELLIPTA - Tier 2; QL
 TUSSICAPS - Tier 2; QL; AL
 tussin cf multi-symptom cold (generic for DESGEN DM) - Tier 1; AL
 tussin dm max adult (generic for DIABETIC TUSSIN MAX ST) - Tier 1
 tussin dm max oral liquid 20-400 mg/20ml (generic for ROBITUSSIN COUGH+CHEST CONG DM) - Tier 1
 tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL
 TUXARIN ER - Tier 2; QL; AL
 TUZISTRA XR - Tier 2; QL; AL
 UTIBRON NEOHALER - Tier 2; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
virtussin ac w/alc - Tier 1; QL; AL wal-tap cold/allergy oral elixir - Tier 1 y-tuss - Tier 1	
Skeletal Muscle Relaxants - Drugs to Treat Muscle Tension and Spasm	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	
baclofen oral - Tier 1; QL chlorzoxazone oral tablet 250 mg, 500 mg - Tier 1; QL cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL dantrolene sodium oral - Tier 1; QL methocarbamol oral - Tier 1; QL orphenadrine citrate er - Tier 1; QL tizanidine hcl oral tablet - Tier 1; QL	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
GABA Receptor Modulators - Drugs for Sleeping	
EDLUAR - Tier 2; PA; QL eszopiclone (generic for LUNESTA) - Tier 1; QL; AL temazepam oral capsule 15 mg, 30 mg, 7.5 mg (generic for RESTORIL) - Tier 1; QL; AL zaleplon - Tier 1; QL; AL zolpidem tartrate er (generic for AMBIEN CR) - Tier 1; PA zolpidem tartrate oral (generic for AMBIEN) - Tier 1; QL; AL zolpidem tartrate sublingual (generic for INTERMEZZO) - Tier 1; PA; QL ZOLPIMIST - Tier 2; PA	AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL; AL AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA LUNESTA (brand for eszopiclone) - Tier 2; PA; QL; AL
Sleep Disorders, Other - Drugs for Sleeping	
armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL ROZEREM (brand for ramelteon) - Tier 2; ST; QL	SILENOR (brand for doxepin hcl) - Tier 2; PA; QL

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Prior Authorization / Class Criteria

Title	Drugs Impacted	Prior Authorization Criteria / Class Criteria
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